DOCUMENT RESUME

ED 349 511 CG 024 520

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TITLE Interagency Collaboration: Improving the Delivery of Services to Children and Families.
INSTITUTION Southeastern Regional Vision for Education (SERVE), Tallahassee, FL.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
PUB DATE Jul 92
CONTRACT RP91002010
NOTE 112p.; Part of the Hot Topics: Usable Research Series.
PUB TYPE Reports - General (140)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Agency Cooperation; *Children; *Client Characteristics (Human Services); *Counseling Services; *Delivery Systems; *Family (Sociological Unit); Social Services

ABSTRACT

This report focuses on interagency collaboration in the delivery of social services to children and families. Section I discusses the "why" and "what" of collaboration and family service centers. It addresses the common questions of potential collaborators who may have little or no background information on the subject. Section II offers steps, advice, and strategies for collaborating and for establishing family service centers. The information is designed to be used by local-level collaborators and community members. Political and regulatory constraints to implementing integrated services are also discussed. Section III provides information on state- and national-level collaborative action. Local projects can use this information to seek financial support, technical assistance, or options for networking with others. Relevant legislation and possible sources of financial support are included. Section IV and appendices offer additional information about publications and tools to aid a collaborative effort through each stage of development. Appendix A discusses interdisciplinary education programs and is geared toward university and college faculty who educate service professionals. Appendices B, C, D, and E offer, respectively: sample needs assessment surveys, staff oath of confidentiality, and release forms; and excerpts from Alabama and Florida state legislation. There are approximately 100 references listed. (ABL)

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HOT TOPICS: USABLE RESEARCH

INTERAGENCY COLLABORATION:

IMPROVING THE DELIVERY OF SERVICES TO CHILDREN AND FAMILIES

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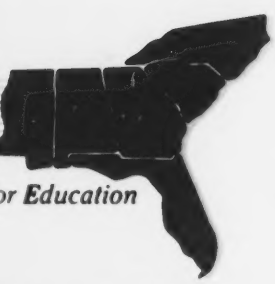

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HOT TOPICS:

Usable Research

INTERAGENCY COLLABORATION:

IMPROVING THE DELIVERY OF SERVICES TO CHILDREN AND FAMILIES

by Stephanie Kadel

July 1992

SERVE
SouthEastern Regional Vision for Education

Affiliated with

The School of Education
University of North Carolina at Greensboro
and the
Florida Department of Education

This document was produced with funds from the Office of Educational Research and Improvement, U.S. Department of Education, under contract no. RP91002010.

ABOUT SERVE AND THE *HOT TOPICS* SERIES . . .

SERVE, the SouthEastern Regional Vision for Education, is a coalition of educators, business leaders, governors, and policymakers seeking comprehensive and lasting improvement in education in Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina. The name of the Laboratory reflects a commitment to creating a shared vision of the future of education in the Southeast.

The mission of **SERVE** is to provide leadership, support, and research to assist state and local efforts in improving educational outcomes, especially for at-risk and rural students.

Laboratory goals are to

- address critical issues in the region,
- work as a catalyst for positive change,
- serve as a broker of exemplary research and practice, and
- become an invaluable source of information for individuals working to promote systemic educational improvement.

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YEAR 2:	Provide Safe, Drug-Free Schools
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YEAR 5:	Expand Adult Literacy and Lifelong Learning

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- Outcome-Based Education
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Hot Topics: Interagency Collaboration: Improving the Delivery of Services to Children and Families

Assisting educators and human services providers is very important to us at SERVE. Your feedback on this publication will permit us to better assist you, and your recommendations will be incorporated into future editions. Please help us by providing a brief response to the following:

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2. Did you find the synthesis of research presented in this document useful? Please explain briefly.
   ❑ Yes ❑ No

3. Did you find the strategies for initiating and implementing collaborative efforts useful? Please explain briefly. We would appreciate any additional strategies you could recommend.
   ❑ Yes ❑ No

4. Were the resources and appendices in this document helpful? Please explain. Please list other resources that should be included.
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SERVE would like to highlight outstanding programs in interagency collaboration as well as in other educational areas with which you are involved or familiar. These programs will be publicized in future editions of this and other *Hot Topics* and considered for recognition in the SERVE Sharing Success program. Please let us know what you are doing!

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School/Agency: _____

Contact Name: _____ Position: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

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Purpose of program

Description of program

Please photocopy this form if additional copies are needed.

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FOREWORD

For a growing number of children, childhood is characterized by poor physical health, low academic achievement, and low self-esteem. Schools are not prepared or designed to adequately address the many needs of these children, who often come from single-parent families and minority and non-English-speaking backgrounds. At the same time, services for children and their families are fragmented, crisis-oriented, discontinuous, and episodic. Service providers exist in isolated professional networks that do not communicate or collaborate with one another.

Finding solutions to these problems is not as simple as expanding existing programs such as Head Start. What is needed is a fundamental shift in thinking about the ways in which needed services can and should be delivered to families. The keys to success are interagency collaboration and integrated services, bringing together public and private organizations to meet the comprehensive needs of children, adolescents, and parents.

Collaborative approaches to service delivery are gaining support nationwide:

- Increasing numbers of states have created commissions and legislative or special committees to address the concerns of children and youth. These groups affect policies and administrative structures in the arena of social service delivery.

- While funds for children's services are limited, requiring greater more efficient use, new funding opportunities (from government and foundation sources) are beginning to reward or require collaborative efforts among agencies.

- Schools that are committed to restructuring to improve student achievement are realizing the need to develop strategies that integrate other human services necessary for children to succeed in school.

- Rigorous accountability standards are requiring schools and other agencies to devise better ways to address the total needs of children. Improvements which increase personal attention to students, such as "schools within schools" or teachers who "mentor" the same group of students for a number of years, are enhancing service delivery.

- Universities are creating interdisciplinary professional programs for teachers, social workers, and others so that these practitioners will be better prepared for interagency collaboration.

This guidebook, with its research foundation, suggestions for implementation, descriptions of successful collaborations, and resources, is a valuable tool for assisting those involved with collaborative efforts. Practitioners, administrators, policymakers, and community members will find information and examples in this book that speak to them and help them take action.

Michael Kirst
Professor of Education
Stanford University

INTRODUCTION

> *To the doctor, the child is a typhoid patient; to the playground supervisor, a first baseman; to the teacher, a learner of arithmetic. At times, he may be different things to each of these specialists, but too rarely is he a whole child to any of them.*
>
> Report of the White House Conference on Children and Youth, 1930

Schools, social service agencies, health clinics, and many other organizations have long been involved with ambitious efforts to meet the needs of at-risk children and their families. Yet, despite financial and political support and the hard work and dedication of service providers, such programs often fail to have a significant or lasting impact. Interagency collaboration to provide integrated, comprehensive services is gaining attention nationwide as a better alternative to addressing the complex needs of at-risk children and their families.

Existing efforts demonstrate that collaboration among service agencies is possible and beneficial to both the participating agencies and the families they serve. This approach makes better use of existing—often scarce—resources by reducing duplication of services and can save additional money over time by preventing more costly problems from arising. It allows each service agency to do what it does best while helping a child or parent receive a range of needed services. It also relieves service providers of unassigned responsibilities. For example, teachers know that they can better educate a child whose medical, financial, and personal needs are met. With collaboration, teachers and other service providers will find that their specialized efforts to help children are more effective because the total needs of the children are being met.

Although such efforts are developing or thriving in many localities, collaborators often feel that they are "winging it" and lack theoretical and experiential information which can direct and improve the process of collaborating and delivering comprehensive services (Kagan, Rivera, & Parker, 1990, p. 75). This document will attempt to fill that gap—as well as to encourage collaboration among those to whom this is a new idea—by providing information about why and how to offer integrated services to at-risk populations.

"At risk" in this publication refers to any child who is in danger of not becoming a productive, independent member of society due to factors such as poverty, developmental delays, inadequate parenting, child abuse and neglect, delinquency, disability, adolescent pregnancy, school failure, substance abuse, crime, illiteracy, or unemployment. While the focus here is on meeting the needs of at-risk children and their families, many of the suggested service strategies could be expanded to serve the larger community.

This *Hot Topics* highlights the concept of the "family service center," a collaborative strategy through which a range of services are collocated at a school or other easily accessible site. The benefits of these centers are detailed as well as the key steps for developing them. Barriers and challenges to effective collaboration are also included with practical suggestions for overcoming them. Exemplary programs and practices—"Dynamite Ideas"—are provided throughout to demonstrate how collaboration can and does work; these examples describe existing family service centers and activities related to establishing integrated services.

This publication is intended for use by anyone who wishes to participate in the process of collaboration:

Section One discusses the "why" and "what" of collaboration and family service centers. It addresses the common questions of potential collaborators who may have little or no background information on the subject.

Section Two offers steps, advice, and strategies for collaborating and for establishing family service centers. The information is designed to be used by local-level collaborators and community members including parents, teachers, nurses, social workers, principals, and agency administrators. Political and regulatory constraints to implementing integrated services are also discussed as well as suggestions of how policymakers and funders can aid collaborative efforts.

Section Three provides information on state- and national-level collaborative action. Local projects can use this information to seek financial support, technical assistance, or options for networking with others. Relevant legislation and possible sources of financial support are included.

Section Four—Resources—and the **Appendices** offer additional information, publications, and tools to aid a collaborative effort through each stage of development. Appendix A, which discusses interdisciplinary professional education programs, is geared toward university and college faculty who educate service professionals.

In advocating collaboration, Kagan, Rivera, and Parker (1990) observe that "America is at the brink of a practical renaissance, reshaping how it delivers human services" (p. 2). This belief appears to be widespread among human service agencies and professional organizations which are discussing, recommending, or engaging in collaborative practices. Collaboration is not easy, but it is necessary if the total needs of children and families are to be met.

For too long, the way people-serving systems have done business has served only to frustrate those who need help and those who seek to provide that help. Through collaboration, these systems can take a significant step toward greater effectiveness in their own and their shared efforts.

Joining Forces: A Report from the First Year by Janet Levy and Carol Copple, 1989

ACKNOWLEDGMENTS

INTERAGENCY COLLABORATION: IMPROVING THE DELIVERY OF SERVICES TO CHILDREN AND FAMILIES was prepared with the assistance of a Regional Review Panel consisting of representatives from social service agencies, state departments, schools, foundations, universities, and family service centers who have experience with interagency collaboration and integrated services.

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Special appreciation goes to Martin Blank, Senior Associate, Institute for Educational Leadership, Washington, D. C., for providing the extensive bibliography in the resource section, reviewing the document, and drafting descriptions of IEL's programs.

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INTERAGENCY COLLABORATION: IMPROVING THE DELIVERY OF SERVICES TO CHILDREN AND FAMILIES

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THE PROBLEM: A FAMILY AT RISK

The click of the deadbolt on the front door reminded Tom that he was alone. He knew that his mother's job at the nursing home would keep her away until dark and, for now, he was grateful for the solitude. Another fight had erupted in the early morning hours when Ed, his 17-year old brother, came home drunk again. Ed hadn't been going to school all semester though his mother only found out when the school sent a notice that he had been expelled for truancy. How was she supposed to know what was going on in school, she said. Didn't she have enough to do making sure they had a roof over their heads? Angry and disappointed, Ms. Wagner told Ed that if he wouldn't go to school, he had to get a job. He was sure that he could find something better, but finally settled for a fast food job.

School was a touchy subject with Ms. Wagner these days. At work she was told she would be promoted from a nurse's aide to a medicine aide if she passed a course at the community college. She wanted the promotion, but she'd only finished the 10th grade, and her reading and writing skills were so rusty she was afraid to try college-level work. She felt locked in a corner and worried that Alice, Tom's older sister, was heading toward the same dead-end.

When Alice got pregnant, she missed a lot of school and felt as though her teachers treated her differently. Finally, she dropped out. Alice knew she should see a doctor, but she dreaded going to the health clinic alone. Her mother took a day off from work—without pay—so she could help Alice get to the clinic and to the welfare department to sign up for assistance when the baby came.

At the health clinic, Alice wanted to ask the nurse some questions, but she decided not to; everyone seemed in a hurry and annoyed that she had waited so long to come in. At the welfare department, she repeated the information she had given at the health clinic. Mrs. Smith, the intake caseworker, gave Alice the name of an employment and training program in case she wanted to earn a high school equivalency diploma or get a job, though she doubted that Alice would pursue the lead.

When Brandon, Alice's son, was born, he weighed less than three pounds. The doctors said he would probably have ongoing problems. He cried easily and was difficult to soothe; Alice seldom wanted to hold him. Ms. Wagner decided to cut back to part-time work to help Alice manage. She would lose her health insurance and some bills would go unpaid, but what else could she do?

Several months later, a space opened up in the subsidized infant care center a church member had told them about. Soon after, Alice enrolled in the employment and training program she had been referred to. Ms. Wagner, whose job at the nursing home was no longer available, went back to doing day work. Alice loved her high school equivalency and data processing classes but on Wednesday afternoons her class schedule made it impossible to get to the day care center before it closed. Alice tried to explain her predicament to the child care staff but the late pick-up charges kept adding up. Finally the center said she couldn't bring Brandon anymore. The director said they wanted to be flexible but the center had its rules. Alice missed nearly two weeks of class trying to find a babysitter, but no one wanted to watch an infant baby who needed so much attention. Eventually, Alice's place in the employment and training program was given to someone else. For months, she seemed angry with everyone, especially Brandon.

On the way to school, Tom thought about how he used to enjoy math. He wondered how it had gotten so complicated; now he was failing and dreaded being called on in class. After one particularly humiliating episode,

Tom blurted out his school troubles to Hal, a recreational aide at the community center. Hal said Tom should just do his best. Deep down, though, Tom wasn't sure his best was good enough. Remembering the uncompleted homework problems stuffed into his knapsack, Tom winced at the thought of another lecture from Ms. Shaw, his math teacher.

Later that morning, Ms. Shaw corrected papers as her class did seat work. The results of yesterday's pop quiz looked as though Tom still hadn't mastered the mechanics of dividing fractions. Didn't he know that it was only going to get harder? She sighed, suspecting that he didn't get much reinforcement at home. The mother never came to school and hadn't made a peep when her older son dropped out. Someone said they thought there was a girl in the family, too. As she looked at Tom, in the same clothes he'd worn yesterday, struggling to stifle a yawn, Ms. Shaw wondered what she could do. Well, if he continues to do poorly and fails the class, she reasoned, at least he'll get some special help. Abruptly, the sound of the class buzzer ended her reverie, and she turned her attention to the stack of papers still left to correct.

Source: Melaville & Blank (1991)

SECTION I

COLLABORATION AND THE FAMILY SERVICE CENTER

Why is collaboration necessary?

What is meant by collaboration?

Definition of terms

The goal of empowerment

The benefits of collaboration

What is a family service center?

Services in a family service center

Should family service centers be located at schools?

COLLABORATION AND THE FAMILY SERVICE CENTER

Why is collaboration necessary?

The problems which children can face are many and complex. In addressing these problems, consideration is rarely given to how they relate to one another, to the problems of other family members, or to the inherent limitations of the service delivery system which is meant to help children and their families. The vignette about the Wagner family on pages xiii-xiv demonstrates the "related" nature of a family's problems as well as the difficulties families face when seeking solutions from a system which delivers services in an uncoordinated manner. A brief look at realities of our society supports the call for an effective approach to "breaking the cycle of disadvantage" (Schorr, 1988):

- In the 1980s, the number of single-parent families in the U.S. increased by fifty percent. In 1989, 15.3 million children lived with only one parent; another 1.9 million lived in foster or adoptive homes or with relatives.
- The average income for a two-parent household in 1989 was $36,206, while the average income for a female-headed, one-parent household was $11,299.
- More than one child in five is poor; forty percent of those living in poverty are children.
- Twice as many people need low-income housing as there are housing units available.
- Fifty percent of the homeless are families; homeless children are much more likely to have health and developmental problems.
- Thirty-seven million Americans have no health insurance; twelve million of these are children.
- One-fourth of pregnant women get no care during the first three months of pregnancy; without this care, the mother is three to six times more likely to have a low birth weight baby—a baby less likely to survive and more likely to have developmental delays, learning disabilities, and health problems.

DYNAMITE IDEA:

Collocating Services for Young Parents

Hollandale (Mississippi) School District—a rural district with 1,430 students and one high school—has developed an innovative approach to helping young mothers (and a few fathers) improve their lives and those of their children. Funded by the State Department of Vocational Education, Hasbro Foundation, and the Hollandale School District, the Teen Parenting Support Program collocates child care, counseling, and parent education classes on the school site so that parents can finish school while learning how to better care for their children. Parents are required to spend at least two days a week in the child care center with their children. Additional services include seminars on public assistance programs and legal issues and transportation to health care services. Plans are underway for successful single parents to provide training/mentoring for young parents at the school.

The program has helped increase the graduation rate of the participants, lower the school absentee rate, decrease the repeat pregnancy rate, increase the awareness and use of birth control among teenagers, and improve parenting and employability skills of participants.

CONTACT: Howard Sanders
Superintendent
115 North Street
Hollandale, MS 38748
(601) 827-2276

(NOTE: See page 102 for "Sources for Dynamite Ideas.")

- Twenty-five million American adults are functionally illiterate.

- Eighty-two percent of America's prisoners are high school dropouts (Hodgkinson, 1989; Kozol, 1985; Papagiannis & Curry, 1989).

DYNAMITE IDEA:

A System of Collaborative Efforts

Leon County, Florida—in collaboration with the State of Florida—has created an interagency Shared Service Network. The Network's mission is to implement Florida's Full Service Schools legislation in Leon County by developing a "comprehensive and integrative delivery system of education and human services on behalf of children and their families that optimizes the use of existing funding structures and facilities." The Network expands on existing collaborative efforts on behalf of severely emotionally disturbed students and plans to create a system of strategically-located, family-focused shared service centers in the county. The Network, through its interagency Umbrella Council, helped establish the Riley Shared Service Center *(see page 13)*. Related activities include identifying barriers to effective shared service delivery and conducting ongoing demographic and resource analyses. The Shared Service Network has developed a planning guide, titled *Working Smarter in a Shared Service Network*, to assist other communities in creating shared service networks *(see Section Four for full description)*.

CONTACT: Jerry Torano
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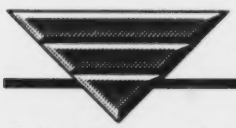
Family structure, housing, health care, educational achievement, income, social behavior, and future opportunities cannot each be addressed in isolation. The interrelation among these and other factors reinforces the need for human service agencies to address family problems in a collaborative, comprehensive manner. In this document, "human service agencies" includes schools, medical services, mental health agencies, juvenile justice services, social services ranging from welfare and employment assistance to child care and family counseling, community education agencies, and other family-serving organizations which might become involved in a collaborative effort to improve the lives of children and families.

The problems of families at risk are compounded by problems in the current system of service delivery. Most communities are served by fragmented systems with a crisis-oriented approach. For instance, in California, 160 programs that serve children and youth are overseen by 37 different offices located in seven different state departments (Cohen, 1989a). Agencies recognize that the problems facing families at risk are too many and too complex for one agency to handle and often feel overwhelmed when trying to provide services that are not traditionally their responsibility. For example, a recent survey conducted by the Institute for Educational Leadership found that teachers would rather spend resources on additional professional staff to help with students' social and personal problems than on additional teachers to reduce class size (*New Partnerships*, 1989). Agency personnel are also beginning to realize that the goals and expectations of new educational accountability standards cannot be met without help from other human service providers (Cohen, 1989a).

Due to these factors, service agencies, professional organizations, and policymakers are looking to collaboration and integrated services as an *efficient* approach for addressing systemic problems and an *effective* approach in empowering at-risk families to improve their lives. Evaluation results support these expectations: one study of 72 early care and education collaborative projects nationwide concluded that these projects are successful and do make a difference by improving the delivery and quality of children's services, increasing the level of parent education, and enhancing professional development of providers (Kagan, Rivera, & Parker, 1990, pp. 44-45). *(See also "Dynamite Ideas" throughout this document for positive results of collaborative projects.)*



What is meant by collaboration?

Collaboration is the process by which organizations or individuals make a *commitment* to work together on a specified problem (Bruner, 1991; Richmond & Shoop, 1984; Smith, Lincoln, & Dodson, 1991) and unite to achieve *common goals* which cannot be achieved by each organization working alone (Kagan, Rivera, & Parker, 1990). Collaboration is characterized by *comprehensive, structural* change in the way agencies work and achieve their goals (Bruner, 1991; Jewett, Conklin, Hagans, & Crohn, 1991) and requires "joint planning, joint implementation, and joint evaluation" (Hord, 1986, p. 22).

Collaboration: The process by which organizations or individuals make a commitment to work together on a specified problem and unite to achieve common goals which cannot be achieved by each organization working alone.

The idea of collaborating to better serve all children is not new. In his 1972 State of the Union address, President Richard Nixon called for "a new approach . . . built around people and not around programs . . . which treats a person as a whole and which treats the family as a unit" (Gans & Horton, 1975, pp. 31-32). That same year, the National Academy of Sciences recommended that a portion of federal funding for children's services be used to coordinate the delivery of child care, education, and family service programs (Kagan, 1990). In addition, community education projects often involve interagency agreements, expanded use of school facilities, and collocation of services such as adult education and

DYNAMITE IDEA:

Moving from Cooperation to Collaboration

Through a coordinated effort with other service agencies, Probstfield Elementary School in Moorhead, Minnesota, has developed a unique referral system. Representatives from participating agencies have compiled a resource manual for Probstfield's teachers which explains various services and identifies the appropriate contact for each. Teachers are trained in the use of the manual and use parent-teacher conferences to identify needs and make referrals. The success of this relationship has led to a more collaborative effort; the school and agencies now station service agency representatives at the school on parent-teacher conference days to connect with referred families.

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recreational programs; community education programs have been in existence at least since the Mott Foundation in Flint, Michigan—which encourages schools to share their facilities with other community organizations—was formed over 50 years ago (Cook, 1979; Nathan, 1984; Ringers, 1981; Tasse, 1973). Agencies which serve physically or mentally disabled students have also been advocating collaboration for years (Aiken, Dewar, DiTomaso, Hage, & Zeitz, 1975; Black & Kase, 1963). Although service agency collaborations are not new, Kagan (1990) explains that,

> *Today's collaborations are strikingly different than those of the past. Born of intensely felt need, many are spontaneous, bearing little resemblance to past efforts that were externally imposed or motivated by a promise of more federal funding. Inventive and flexible, they exude a realistic blend of enthusiasm and skepticism.* (p. 6)

Definition of Terms

Collaboration is just one of many ways of working together, and while it is the most complete and effective strategy for integrating services, any attempt by agencies to work together for the benefit of children and families is a worthwhile endeavor:

> **Cooperation** takes place when agencies share an informal understanding that they will help one another without losing their autonomies, sharing leadership or resources, or making any changes in the basic services that they provide or in the ways that they operate. An example of cooperation is establishing a system for referring families from one agency to another.

> **Coordination** is usually characterized by a few agencies coming together to work on a specific task or program; they share a goal and some resources, but the relationship is limited in scope and duration. Activities such as establishing a community

task force to address AIDS education, planning a co-sponsored conference on parenting, or writing a grant proposal together are examples of coordination.

Collaboration implies a more durable relationship, usually between numerous agencies, in which resources and authority are shared to a much greater degree than in a coordinated effort. Activities are centered around joint goals of creating or expanding a collaborative project and of seeking permanent change in the way participants meet their responsibilities (Kagan, 1990). Collaboration can build on previous cooperative and coordinated relationships among organizations, and any collaborative effort necessarily involves cooperation and coordination (*Full Service Schools: A Strategy*, 1991). The following examples illustrate a range of collaborative efforts:

- school personnel and service agency providers can meet regularly to ensure that identified families are receiving the services they need in an efficient way,
- a community council can plan strategies for recruiting and educating families about available services while analyzing current practices and redistributing responsibilities to reduce fragmentation,
- an array of services and programs can be located at a single center and administered through a coordinating team, or
- a school system or community can design a system of centers that work together to reach the total at-risk population (*see "Dynamite Idea" on page 4*).

Service agencies can choose from or integrate at least three approaches to providing collaborative services:

1) case management,
2) a community collaborative council, or
3) collocation of services.

DYNAMITE IDEA:

Case Management Strategies

In North Carolina, Maternity Care Coordinators serve as case managers for low-income pregnant women. Housed in local health departments, community and migrant health centers, and on the Cherokee Reservation, these Coordinators do much more than serve health needs. They help women find transportation, housing, and suitable day care; enroll in education and training programs; obtain substance abuse counseling; and develop the skills needed to seek further assistance on their own. This case management service is a key component of the North Carolina Baby Love Program, which is administered jointly by the State Division of Maternal and Child Health and the Division of Medical Assistance (Medicaid) in cooperation with the Office of Rural Health and Resource Development.

During the first two years of program operation (1987-1989), evaluation results revealed that, compared to women on Medicaid who did not receive maternity care coordination services, the low birth weight rate among Baby Love participants on Medicaid was reduced by 21 percent, the very low birthweight rate was reduced by 62 percent, and the infant mortality rate was reduced by 23 percent. During this same period, participants in the program saved Medicaid $2.10 for every $1.00 spent on care coordination. Currently, about fifty percent (18,895) of all pregnant women enrolled in Medicaid in North Carolina are receiving maternity care coordination services.

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continued . . .

DYNAMITE IDEA

Case Management Strategies, *continued* . . .

The Department of Social Services (DSS) in Wayne County, Michigan is working with the Detroit public schools to help keep students in school. A case management strategy is employed which involves home visits, tutoring, and counseling; case managers also help locate appropriate services for families to enable and encourage students to stay in school and attend school regularly. DSS workers are housed in the school where their assigned students are located. In one school, absences among students participating in the program were reduced by fifty percent, while several students boasted perfect attendance.

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Checklist:

Collaboration

- Collaboration = commitment to common goals and to comprehensive, structural change.
- Collaboration varies in complexity and involves cooperation and coordination.
- Collaboration strategies include case management, community collaborative councils, and collocation of services.
- Characteristics of collaboration include being family-centered, preventive, comprehensive, and flexible.

While these are discussed as separate activities, they can be implemented together to create the most efficient and effective service delivery system. Family service centers—discussed later in this section—often integrate all three strategies simultaneously.

1 **Case Management**—A service provider works with an individual child and his or her family to be sure they are receiving the services they need and that these services are effective. The case manager coordinates the services of various agencies and is involved in a problem-solving partnership with other professionals to work on behalf of the whole family.

2 **Community Collaborative Council**—A council—whose members represent health, education, and social service agencies, parents, businesses, and other interests of the community—is formed and meets regularly to establish an integrated service delivery system and formulate child- and family-centered policies (Ascher, 1990). *(See "Dynamite Ideas" on pages 28-30 for examples of Collaborative Councils)*

3 **Collocation of Services**—Professionals from various agencies are brought together at a central site within the community to offer their services to mutual clientele. Given such names as "one-stop shops," "full-service schools," "family resource centers," and "shared service centers," these collaborative efforts are a challenge to implement; however, they are the most effective in meeting the many and varied needs of children and families (Ascher, 1990; Guthrie & Guthrie, 1991; Interagency Work Group on Full Service Schools, 1991; *One-Stop Shopping*, 1991). Collocation of services through a family service center is discussed later in this section.

Whatever the means of collaborative service delivery, researchers identify the following necessary characteristics of all collaborative efforts (Guthrie & Guthrie, 1991; Jewett, Conklin, Hagans, & Crohn, 1991; Melaville & Blank, 1991):

- **family-centered**—focusing on children or parents as members of families, rather than as isolated individuals, and addressing family needs.

- **preventive**—focusing on the benefits and cost-effectiveness of prevention activities rather than intervention, remediation, or crisis-oriented action.

- **comprehensive**—providing a wide array of services to address the needs of children and families and linking aspects of various programs.

- **flexible**—rethinking the way services are delivered and reflecting this in less rigid policies and regulations, redefinitions of staff roles, and creative planning for collaborative action.

The Goal of Empowerment

While collaboration is intended to improve service delivery and increase the effectiveness of service delivery systems, the ultimate goal of collaboration among human service agencies is to empower families and individuals to take care of themselves—to identify and find solutions to their problem and to achieve greater independence and success in their lives. Various activities within a collaborative services strategy can promote empowerment:

- Asking children and families what services they need when conducting a community needs assessment or planning an individual's comprehensive services plan.
- Asking permission of parents or family members to release information about themselves or their children.
- Including a representative group of families on a community collaborative council.
- Offering services which require action and commitment from parents, such as volunteering in the classroom that their preschool children attend or helping to increase community involvement in the collaborative.
- Inviting youth to volunteer at a service agency or collaborative center.

DYNAMITE IDEA:

Empowering Parents Through Education and Support

Partners in Early Childhood Education (PIECE), operated by the Canton Public School District in Mississippi, "helps parents enjoy their children and feel more competent and self-confident as persons and parents" by providing them with programs and services which improve their parenting skills and increase their level of education. PIECE works with counselors and social workers to offer private child and family counseling as well as parenting workshops on topics such as child abuse, drug abuse, and self-empowerment. Parents are helped to enroll in literacy classes, obtain high school diplomas, or acquire job skills training through the combined efforts of community agencies and coordinated referrals.

Parents from the community are hired as "home visitors" who demonstrate at-home activities for children and parenting strategies to parents or grandparents. In addition, a resource center at the school offers books, videotapes, magazines, and toys for families to borrow. PIECE also screens children for vision, hearing, and learning problems and helps parents find appropriate medical or special education services. Funding for PIECE comes from the Bernard Van Leer Foundation.

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South Hargon
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- Encouraging children, youth, and parents to help each other through self-help counseling groups, peer tutoring, youth councils, and fund-raising activities for the collaborative.

When individuals are empowered to seek improvements in their lives, the community and society will improve as well. Independence and increased prosperity lead to stronger communities, improved economic development, and a healthier society.

DYNAMITE IDEA:

Empowering Students to Help Themselves

The Community Education Department of the Birmingham (Alabama) Public Schools oversees the Comprehensive At-Risk Educational Services Project (CARES), which helps at-risk students help themselves. CARES encourages active youth participation in the governing and decision-making processes which are necessary for resolving issues/problems that prevent students from developing to their fullest potential.

The foundation of the CARES project is a Youth Council consisting of 25 to 30 youth in each participating secondary school who represent the total student body and who plan activities and programs for themselves and fellow students through partnerships with United Way agencies, businesses, churches, and community groups. Activities include tutoring, vocational/career development, individual and group counseling, a teen parent club, community service projects, and human sexuality seminars. The Community Education Department helps students plan these activities by providing linkages to human service agencies, identifying role models, and providing technical assistance.

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Birmingham, AL 35233
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The Benefits of Collaboration

As each community has different needs and goals, the benefits they experience will vary. Common benefits of collaborations are listed below:

- more effective and comprehensive service delivery
- cost-effective and cost-saving service programs,
- reduction of the duplication of services by different agencies
- improved access to services for those without transportation or those in rural communities
- improved identification of eligible families for certain services
- improved ability to follow children through the system
- improved learning and performance in classrooms of children who are physically and emotionally healthy
- reduction in costly interventions such as low birth weight baby care, foster care, and juvenile detention
- increased prestige, public image, and community support for the participating service providers and the resulting program

(Sources: Bruner, 1991; Jones & Stegelin, 1988; Kagan, Rivera, & Parker, 1990; *Planning for State Solutions*, 1988; Spears, Combs, & Bailey, 1990)

What is a family service center?

A family service center is a form of collaborative action which brings together staff and programs from various agencies into one location to serve a community. As discussed in this document, family service centers incorporate case management, collaborative councils, and collocation of services; they focus on service-oriented approaches but can impact system-wide policies and practices.

Florida's Interagency Work Group on Full Service Schools (1991) characterizes family service centers, which they call "full service schools," as the integration of education, medical, social, and human services to meet the needs of children, youth, and their families. Such services should be offered on school grounds or in other easily-accessible locations (p. 1).

By their very nature as collaboratives, family service centers are not "intended to heap burdens on existing school [or other agency] personnel who are already over-extended and under appreciated" (*Full Service Schools: A Strategy*, 1991, p. 7). They are intended to be designed by the community which will house them and should be planned and maintained by a community collaborative council. The above definition of family service centers is necessarily broad because each community has its own needs, desires, and limitations. The community may establish a center which is centrally located between schools or which serves elementary and secondary schools in a feeder pattern. A child-care center, reaching young children and families, is also a common location for collaborative services. In a large community or school district, more than one center may be necessary to serve all the families that are eligible, while a rural community may find that a mobile center is most practical. Whatever the approach, it is important that a family service center provide services which are needed in the community and that such services are coordinated so that families can come to the center to meet a variety of their needs without enduring a long wait and red tape. The following two descriptions of family service centers will help to define the concept and will demonstrate the varied nature of existing approaches.

DYNAMITE IDEA:

A Family Service Center

The Eureka Family Center in Birmingham, Alabama provides an array of services for families and children through collaboration among community groups and service agencies. An Even Start federal grant has allowed the center to offer adult and parenting education classes and infant to five-year-old child care at the center. Donations of typewriters, sewing machines, and computers have made possible some skill training for parents. Transportation to the center is provided by the public school system, as are two meals a day. Representatives from the school system also provide occasional presentations for the parents on topics such as African-American history. A church women's group volunteers at the center to read to the children, and a group of retired teachers provides clothing and holiday presents. Another church has made its library available to the center as well as a van for group trips.

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1 **The Family Services Center** of Alachua County, Florida is located between a middle school and an elementary school in a high-poverty area of Gainesville. The Center comprises seven portable buildings which house a medical clinic, an adult education classroom and computer lab, early child-care classrooms for infants to four-year-olds, a toy-lending library, administrative offices, and a reception area. On-site human service workers provide public assistance eligibility determination; vocational and employment guidance; health, mental health, nutrition, and substance abuse counseling; college admission and financial aid assistance; and more. These workers also visit the families' homes on a regular basis.

As a "one-stop-shop" of services for Alachua County, the Center conducts needs assessment on site, establishes eligibility for all relevant services, develops and monitors individual family service plans, provides services on-site, and arranges for services at other facilities *(Family Service Center, 1992).*

Collaboration among many agencies (on and off the site) has made the Family Services Center possible. Nurses are provided for the clinic by the University of Florida's College of Nursing. The School Board of Alachua County (through funds from Head Start, Even Start, Florida First Start, Chapter 1 and Chapter 2 programs, and Florida's Supplemental School Health and Full-Service Schools grants) supplies teachers, materials, a school bus and driver for parents and children, family liaison specialists, and a custodian. The Department of Health and Rehabilitative Services provides an eligibility specialist. In addition, over sixty community organizations ranging from Burger King to Three Rivers Legal Services to the *Gainesville Sun* (newspaper) have offered support to the Center. The Center's principal praises the benefits of collaboration, saying that the staff's varied backgrounds and strengths have improved their creativity as a team.

A key goal of the Family Services Center is to help families achieve economic and social independence. The Center's combination of child and parent services and its expectation that parents will commit to improving their own lives as well as the lives of their children, foster this goal.

2 **Riley Shared Service Center** in Tallahassee, Florida, is located next to Riley Elementary School and serves students and families from Riley, Griffin Middle School, and Godby High School. Students who attend Riley will most likely attend these secondary schools, so the Center can serve the same students as they move from school to school. The Center is located in an economically disadvantaged neighborhood and is housed in a triple-wide portable building. The Shared Service Center came into being through the combined efforts of Riley's principal, the Leon County Shared Service Network, Disc Village, Inc. (a drug rehabilitation/prevention facility), the Department of Health and Rehabilitative Services' (HRS) Alcohol, Drug Abuse, and Mental Health Program, and the Leon County Public Health Unit. Representatives from all of these organizations, plus Florida State University's Department of Special Education, are part of a collaborative group. Leadership of the Center is the responsibility of Riley Elementary's principal, but all Center staff, plus administrators from the participating agencies, meet regularly to update one another and plan for tasks and improvements.

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Before deciding which services the Center should offer, collaborators recognized the importance of asking parents what services they needed. A survey was distributed at Riley's school carnival; parents who completed the survey were admitted free to the carnival. In response to parents' requests, the Riley Shared Service Center offers the following services:

- A medical clinic which employs a full-time nurse, two aides, and a part-time doctor. It has three examining rooms (one of which is designed for small children), office space, and a reception/waiting area. The clinic is available to Riley students during the school day and is open to parents and secondary students from 3:30 to 5:00 p.m. A full-time nurse is also located at each secondary school. Clinic staff provide parent and student workshops on nutrition, growth and development, pregnancy, sexually transmitted diseases, and drug use.

- A school social worker and school psychologist who work with referred students and their families.

- The Alpha Program, which is a full-day, academic enhancement program for elementary students focusing on improving self-esteem, family

relationships, academic performance, and behavior in school and social settings. Alpha is housed in the portable building with its own classroom and group counseling room; staff of the program include a full-time teacher and two counselors. Designed as a substance abuse prevention program for students who show early signs of future problems, Alpha serves students for one semester in a class of 16. Each student, who is referred by a teacher, develops an individualized plan for improvement with his or her counselor and parents.

DYNAMITE IDEA:

A Caring Community

Missouri's Caring Communities Program—funded jointly by the State Departments of Education, Mental Health, Social Services and Health, and the Danforth Foundation—supports coordinated services through demonstration sites around the state. Wallbridge Elementary School in St. Louis is one of these sites and is a good example of a family service center. The Wallbridge Caring Communities Program houses 22 full- and part-time project staff to provide child care for school-aged children, parenting education programs, after-school tutoring, cultural awareness programs, and case management services. The focus of the school-based program is on building a community of support for children and families.

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- A voluntary, after-school tutoring program for children at risk of alcohol and other substance abuse is conducted in the Riley cafeteria and staffed by student volunteers from Florida State University. This program operates concurrently with a voluntary after-school mentoring program for a similar group of children. In the mentoring program, graduate students from Florida State University (called Prevention Facilitators) each spend fifteen hours a week with a group of five elementary students, developing close relationships with them. The children receive help with homework, participate in social activities, and will soon have their own "clubhouse" on the FSU campus. Approximately eighty children participate in these two programs, which are funded through FSU by the U.S. Department of Education, Office of Elementary and Secondary Education, Drug Free Schools and Community Act; the W. K. Kellogg Foundation; and the George W. Jenkins Foundation, Inc.

- After-school child care for Riley students whose parents are receiving services from HRS. This program is collaboratively financed and operated by HRS' Children, Youth, and Families Program; Leon County Schools; and the Big Bend Child Care Council.

- Florida First Start, funded jointly by Leon County Schools and HRS, which helps parents of young children improve parenting skills and their employability through literacy training.

Services in a Family Service Center

Each family service center will choose and design its programs to meet the unique needs of the community it serves. The following list of services is compiled from the activities of existing centers:

Health and nutrition
- early and periodic health screening and follow-up
- as-needed medical care and referral
- mental health care
- prenatal and postnatal care
- family planning services
- immunizations
- needed meals (and clothing) for children
- nutrition counseling for families

Family support
- parent education
- crisis intervention
- adult literacy programs
- home visits
- family counseling

Child development/education
- developmentally appropriate full- and half-day child care and education programs
- before- and after-school child care
- screening, referral, and/or programs for special needs children
- volunteer mentoring, tutoring, and teacher assistance

Social/legal
- public assistance (welfare) eligibility or provisional services
- substance abuse, delinquency, pregnancy, and AIDS prevention
- child welfare/protective services
- legal services
- housing assistance/referrals
- juvenile justice services

Employment/higher education
- career preparation and counseling
- job-specific skills training
- work experience opportunities
- job placement assistance
- college admission and financial aid counseling

DYNAMITE IDEA:

Many Service Possibilities

A group of 100 neighborhood residents envisioned Dunbar High School in Baltimore, Maryland, as a community center over 15 years ago. They developed a comprehensive services program in response to identified needs and now have their own "family service center." Through its breakfast program, subsidized day care, and health clinic, Dunbar serves students and their families, but the school also serves the larger community through additional services such as a soup kitchen for the homeless (staffed by youth from the juvenile jail), a senior services center, psychiatric and mental health programs, continuing education classes, and a probation and parole office. Also, two local colleges teach courses in unused classrooms, and the auditorium is used in the evenings by a local theater group.

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continued . . .

Recreation

- social activities for the whole family,
- playground programs for children, and
- athletic programs for youth.

Practical assistance in using the center

- transportation to the center or to other service delivery sites,
- child care when parents are attending school- or center-sponsored events, and
- bilingual interpreters for families and service providers.

(Sources: *The Business Roundtable*, 1991; Edelman & Radin, 1991; Interagency Work Group on Full Service Schools, 1991; National Task Force on School Readiness, 1991)

Should Family Service Centers Be Located at Schools?

The most frequent argument for locating family service centers on or very near school grounds is that "school is the one place where children come every day" (Rist, 1990, p. 14). Schools are a natural gathering place for families and children and are a valuable community resource. In addition, schools are already offering many family support services that could be (and probably are) offered by other agencies (Rist, 1990). Echoing this last statement, Cohen (1989a) quotes one educator as saying, "For the last twenty years, we have been told that we cannot operate in place of parents, [but] the public schools of our urban centers today and tomorrow have no choice" (p. 8). Some benefits of locating a family service center at or near a school include

- better communication between parents and schools;
- increased student attendance because students can go to the center when they have a medical or other need and then return to class;
- increased community involvement at the school;
- reduced competition between schools and other agencies for scarce financial resources,
- more comprehensive and useful records of school, health, and other services students receive; and
- expanded use of existing school facilities such as libraries, auditoriums, gymnasiums, kitchens, and recreational areas.

(Sources: Cohen, 1989a; *Full Service Schools: A Joint Effort*, 1990; Kagan, 1989)

Dynamite Idea

Many Service Possibilities *continued* . . .

Birmingham, Alabama's, Family Education Involvement and Support Program offers a variety of coordinated services through the public schools' Community Education Department. Available to middle and high school students and their parents, this program provides adult education classes, parenting skills workshops, and access to health, mental health, and social services. It also houses a book, videotape, and materials library for families on topics such as communicating with teenagers, building self-esteem, and preventing family violence. Youth and their parents (often referred to the program by Family Court) are assisted in building better family relations and strengthening home-school relations. The program focuses much of its effort on helping students return to school or earn a high school diploma; in 1991, 15 of 16 expelled students who were referred to the program (ages 11 to 15) returned to school; and ten older expelled students and 42 adults received an equivalency diploma.

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Clearly, good reasons exist for making schools the hub of human service provision. However, some reservations have also been voiced. First, schools have traditionally maintained a policy of separatism from other human services; some agencies may be skeptical of a school's willingness or ability to collaborate (Cohen, 1989a; Kirst & McLaughlin, 1989). Second, a principal may perceive that a family service center which is located at his or her school would add unwanted responsibilities. Third, schools can appear intimidating to parents or other family members—seeming unwelcoming or bringing back feelings of failure (Ascher, 1990). Fourth, busing and desegregation policies confuse the relation between "school" and "community" when children are bused away from their neighborhood to another area of town. If a community determines that the school is not the ideal location for a family service center, it may want to investigate other options, such as a church, a medical clinic, a Head Start center, a city building, or a community recreation facility (Kelley & Surbeck, 1991, p. 21).

DYNAMITE IDEA:

School-Based Family Service Centers

The New Futures School in Albuquerque, New Mexico, is a family service center that offers a full high school curriculum, adult education, parenting classes, individual and group counseling, on-site day care, and vocational education. The school also has a welfare eligibility worker on campus and a health clinic offering family planning services, immunizations, and prenatal care.

The New Futures School has been in operation for over twenty years and has seen some dramatic results. Sixty percent of the 6,000 students that the school has served were dropouts but returned to school through this program. In 1987, 77 percent of the school's students had a high school diploma or were still in school, and 54 percent of the graduates had some post-secondary education. Rates of repeat pregnancies and of low birth weight babies for the school's population are half the national average. The school is funded through several sources including the Albuquerque Public Schools, the Carl Perkins Funds, the New Mexico Department of Human Services, *Honeywell* Corporation, the Job Training Partnership Act, and New Futures, Inc. (a non-profit, community-based organization).

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(505) 883-5680

continued . . .

DYNAMITE IDEA:

School-Based Family Service Center
continued . . .

Project Vision, in Santa Rosa County, Florida, uses the school site as the "host" for a variety of services. Eleven agencies—including the county school board, the University of West Florida, the Department of Health and Rehabilitative Services (HRS), the Sheriff's Department, the Private Industry Council, and the Retired Senior Volunteers Program—collaborate to provide twenty services to students and families. Focusing on preventive efforts, these services include preschool education, adult education, public assistance eligibility services, child care, health care, and parent involvement activities. Over the life of the project, funding has been secured from the Florida Department of Education, Head Start, the state's National Education Association affiliate, the National Foundation for the Improvement of Education, HRS, and the Private Industry Council. Project Vision is housed in the counseling and administrative wing of Holley-Navarre Middle School.

An evaluation of the Projects' first year revealed the following results:

- Eighty-six percent of targeted students increased their academic performance.
- The number of behavioral referrals for targeted students decreased significantly.
- Targeted students' time spent on assigned tasks in class increased significantly,
- Of the 23 students referred for predelinquent behavior, only one was later reported as a suspect in a criminal act.
- Efficiency of HRS staff increased: transit time per client dropped 20 percent direct service time increased 20 percent and time spent managing forms decreased 10 percent.

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Section Two details how to collaborate effectively and to initiate, implement, and evaluate a family service center.

SECTION II

HOW TO COLLABORATE AND IMPLEMENT A FAMILY SERVICE CENTER

The ABCs of collaboration

A ddress All Needs
B uild Relationships
C ommunicate, Communicate, Communicate
D eal with and Defuse Conflict
E stablish Clear Leadership

How to create a family center

Step 1: Get Started
Step 2: Develop a Community Collaborative Council
Step 3: Identify a Shared Vision and Goals
Step 4: Conduct a Needs Assessment
Step 5: Develop a Plan of Action
Step 6: Select a Center Coordinator
Step 7: Implement the Plan
Step 8: Evaluate the Program
Step 9: Publicize Successes and Plan for Improvements

Advice from experienced collaborators

HOW TO COLLABORATE AND IMPLEMENT A FAMILY SERVICE CENTER

The ABCs of Collaboration

Participants often assume that the major goal of collaboration is to get others to change the way they do their jobs. It is only when they accept their own responsibility to change the way they do things, in order to make other people's work more productive, that participants become partners.

Charles Bruner
Thinking Collaboratively, 1991

Collaboration can take many forms at different levels: councils can meet to set goals or plan collaborative action; service providers can contact one another for information, referrals, or support; community representatives or families can collaborate with administrators or service providers to express needs or make suggestions. The result of any effective collaboration is that participants will develop an interagency decision-making style (Ayers, 1984). Once this decision-making style is established, collaborators work together to implement integrated services, create new policies, or address community concerns. Whatever the form of the collaboration or the key players involved, some guiding principles for effective collaboration can be applied:

A. Address All Needs
B. Build Relationships
C. Communicate, Communicate, Communicate
D. Deal with and Defuse Conflict
E. Establish Clear Leadership

A. Address All Needs

Everyone who is affected by collaborative efforts has needs: children, parents, teachers, principals, social workers, agency administrators, and so on. Identifying these needs is critical because all goals and future activities will be based on needs. The success of collaborative relationships will depend on how well participants perceive

Once you have decided to collaborate and work toward serving families better, you will have many questions about how to reach these goals:

- ***Where do you start?***
- ***How do you determine what action to take in the community?***
- ***Who should be served?***
- ***How do you deal with power struggles and agencies that do not want to give up their autonomy?***
- ***How do you make use of or alter existing regulations, funding streams, and personnel positions?***
- ***How will you know if it is working?***

Section Two will provide guidance to answering many of these kinds of questions. Of course, each collaboration will have different goals and difficulties, but the suggestions in this section can be adapted to most situations. The focus is on developing a family service center, but any collaborative effort will need to prepare for the group processes involved when people come together to make decisions and take action. Therefore, Section Two begins with a discussion of how to collaborate and then suggests steps for implementing a family service center.

that their needs are being addressed. Early and continuing discussions of needs and expectations will help avoid conflicts, identify goals, and build trusting relationships. Collaborative councils and good communication will increase the likelihood that participants' needs are recognized and considered. In addition, a formal needs assessment, which allows community members and agency representatives to express their needs, is necessary.

Checklist:

Build Relationships

- Get to know one another as people.
- Get to know each other's agency.
- Develop trust.
- Respect professional priorities.

B. Build Relationships

> *When you address the social climate and improve the quality of relationships. . . that reduces the distrust and frees the energy that had gone into fighting each other.*
>
> James Comer
> (Brandt, 1986, p. 14)

Building relationships takes time. Everyone knows how long it can take to develop a trusting, mutually satisfying friendship with another person. Interagency collaborations require individuals to develop that same level of trust and give-and-take with *many* people whose interests are varied and whose personalities may or may not be "friendship material." Building such relationships while trying to agree on objectives and plans of action is necessarily time-consuming and can be emotionally demanding. As Lieberman (1986) points out, "people often underestimate the amount of energy it takes to work with other people" (p. 7). However, if participants are patient and committed to mutual goals, they will develop professional and often enjoyable relationships and be rewarded by success.

Potential collaborators must get to know one another; they should be introduced as people, not just as agency representatives. Team-building exercises at the first few meetings of a collaborative group will help participants learn about each other's values and personalities through non-threatening and entertaining activities. Collaborators also need to know about the agencies their colleagues represent. Each participant may want to prepare a presentation about his or her agency—its structure, main objectives, funding sources, and clientele. An individual may be surprised to learn how little he or she knows about other service agencies and how little others know about his or her agency.

Trust is also important in building satisfying relationships. Involving all possible collaborators from the outset will demonstrate a willingness to listen to participants' ideas and to respect each agency's objectives. Each participant should also demonstrate his or her commitment to the goals of the collaboration by attending all meetings, keeping promises, and honoring requests.

In building relationships with other service providers, it is also important to be sensitive to their professional priorities. For example, a social worker in a family service center should avoid removing students from class whenever possible, while a teacher should remain flexible about scheduling interruptions when the social worker wishes to provide a presentation on drug abuse or pregnancy prevention (Farrar & Hampel, 1987).

C. Communicate, Communicate, Communicate

Good communication is key to successful collaboration; the importance of clearly expressing expectations and understandings cannot be overemphasized. Communication about ideas, feelings, and values requires collaborators to practice good listening skills and to be sensitive to the *intent* of a contribution as well as the *content* (McNulty & Soper, 1983). Meaningful communication between representatives of service agencies is complicated by differing professional jargon used by participants (Guthrie & Guthrie, 1991). "Jargon" is defined by *Webster* as "a strange, outlandish, or barbarous language or dialect", and this is just what acronyms and professional terms can sound like to uninitiated audiences. Dunkle and Nash (1989) caution collaborators to avoid jargon and to make every attempt to use generic terms such as "children" instead of "clients," "students," or "patients" (p. 44). Collaborators should also establish agreed-upon definitions for certain terms which may have different meanings in different agencies. Working together on a parent survey or joint eligibility form will aid the development of a common language (Robinson & Mastny, 1989).

Communication of information to all participants is also important, but such communication can be difficult to coordinate. Hord (1986) recommends the use of various "levels" of communication so that clear information is guaranteed to reach all interested parties (p. 24). A

Checklist:

Communicate

- Practice good listening skills.
- Avoid jargon.
- Define terms.
- Develop a communication protocol.

DYNAMITE IDEA:

A System of Communication

The Georgia Family Connection Project at Fifth Avenue Elementary School in Decatur has developed an extensive system of communication throughout the community in order to ensure that the collaborative service project is meeting the needs of the community in an effective and satisfying way. Four "Family Connectors"—parents or other residents of the community—have divided the school attendance zone into quarters and each carries information from his or her quarter back to the project coordinator. Within each quarter, four "Family Communicators"—also community residents—have been identified to discuss concerns and needs with individual families and with the Family Connectors. Information gathered through this communication system will be used for evaluation, ongoing improvements, and future plans. *(See Section Three for a description of the Georgia Family Connection Project.)*

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communication protocol and/or coordinator may be needed to distribute information in a timely and effective manner. Confidentiality policies can also affect the degree to which agencies can communicate information about families. *(See "Meeting Confidentiality Regulations" in Step 5 for more about this issue.)*

D. Deal with and Defuse Conflict

> *Respect is essential, plus finding the talent that's there, establishing a goal, and then working together to achieve that goal. And, of course, that involves confronting issues, not running away or hiding from them—and confronting each other in a cooperative, problem-solving way, rather than a destructive way.*
>
> James Comer
> (Brandt, 1986, p. 17)

Conflict is inevitable in all human relationships and in the collaborative process as well. It is natural for administrators and practitioners to want their services to be given top priority and want to protect their programs and jobs. Perceived inequities exist between agencies, and participants may fear that they will "come up short" in a compromise (Kagan, Rivera, & Parker, 1990). Such "turf" issues may be the most difficult barriers to overcome when collaborating; resulting conflicts can temporarily or even permanently block the progress of collaborative efforts and must be dealt with and defused quickly.

One turf-related difficulty is that some key agencies may simply not wish to participate in a collaboration. Valuing their autonomy, these agencies want to make their own decisions about how to spend their money, what services they will offer, and who they will serve. Their past experiences and education have trained them to compete for clientele and funding and have not prepared them to work with professionals from other service areas. They may also suspect that collaborating will require additional work or that they will be asked to share their limited resources or space. But, if reluctant agencies can be shown that the benefits will outweigh the costs, they may be convinced to get involved.

Another turf-related issue is the redistribution of responsibilities and resources. Given that some service agencies have duplicated each other's efforts in certain areas, a collaborative arrangement may require that agencies' roles be redefined or programs moved around, and this can cause conflict. *(See the section on "Assigning Responsibilities" in Step 5 for more information on this issue.)* Liontos (1991) recommends that a new group of collaborators begin its work together by focusing on a problem which is not traditionally the exclusive responsibility of any one agency (such as teenage pregnancy).

A third turf-related issue is fear of job loss; participants may worry that if service delivery is streamlined and paperwork minimized, they may no longer be needed. However, if the collaboration works well, more children and families will take advantage of the services than ever before.

Conflict can result from other issues as well, including poor communication, funding limitations, confusion over goals, and the natural uncertainties that result from forging new ground. Enough successful collaboratives exist, however, to demonstrate that conflicts can be resolved without sacrificing quality or alienating participants. Ayers (1984) suggests that groups in conflict should focus their attention on issues that will restore balance and remind collaborators of the group goal. Collaborators should also take time to review previous accomplishments. In dealing with constraints such as turf issues, Nathan (1984) recommends that collaborators take the attitude of "how can we resolve these issues?" rather than "these important differences will prevent cooperation" (p. 8).

Of course, "some group tension can be healthy and provide momentum for change and opportunities to reestablish commitment" (Ayers, 1984, p. 17). It is important to encourage and acknowledge conflict which results from differing values and opinions; suppressing conflict in order to hasten progress toward a goal will hamper long-term success (McNulty and Soper, 1983). Problem-solving which allows collaborators to work through their differences and reach acceptable compromises will build trust between individuals and a feeling of ownership of the collaborative effort.

Checklist:

Deal with Conflict

- Be prepared for turf-related conflicts:
  - need for autonomy,
  - redistribution of responsibilities, and
  - fear of job loss.
- Keep focused on overall goals.
- Review accomplishments.
- Do not "hide" from conflict.

Checklist:

Leadership

- Take the initiative.
- Seek political support.
- Withstand resistance.
- Give time and authority to other collaborators.
- Share leadership tasks.

E. Establish Clear Leadership

> *To develop successful and effective interagency collaboration, someone needs to have a 'vision' of what might ultimately be realized by such efforts. He or she needs to take the initiative, to understand the political system, and to be able to withstand resistance.*
>
> B. McNulty & E. Soper
> *Perspectives on Interagency Collaboration*, 1983

In making collaborative decisions and implementing a strategy for coordinated services, it is important to decide who will lead the initiative. While a leader (or leaders) may naturally emerge early in the collaborative process, the group needs to make certain that all participants are comfortable with the leadership choice and that the leader can meet his or her responsibilities.

An effective leader is also willing to give authority and time to individuals or committees who will address specific issues (Dunkle & Nash, 1989). Shared decision making can be encouraged by a leader who conveys trust in the participants' abilities, offers support throughout the collaborative activity, and shares the responsibility for failures as well as successes (Wilkes, 1992). Leadership of a collaborative effort can be carried out in different ways by different people. For example, one leader may be identified or hired to coordinate day-to-day collaborative activities, while a facilitator who is not directly affiliated with any participating agency may conduct meetings, meet with political leaders, and garner support (McNulty & Soper, 1982). This facilitator should also be skilled in group dynamics in order to help collaborators work through conflicts and toward goals (Melaville & Blank, 1991).

How to Create a Family Service Center

While developing a satisfying collaborative relationship is a major achievement in and of itself, participants should not forget that collaborating is only the foundation on which to build better services and better communities. The family service center, as discussed in Section One, is an effective and comprehensive way to integrate services. The following steps are offered as suggestions for initiating or expanding services into such a center. A modified version of these steps may also suffice for the development of other collaborative efforts. These steps, as Kagan (1990) points out, are not "neat and linear" but can overlap or occur in a different order as collaborators refine their goals and expand their efforts (p. 7). Collaborators can expect the planning process to take as long as one academic year (Robinson & Mastny, 1989).

Step 1: GET STARTED

A family service center typically begins with an individual or small group recognizing the need for collaborative services, conceiving various options, perceiving that the climate is right for a family service center in the community, and believing that success is possible. This initiation can come from any point in the community: a principal, parent group, social services administrator, school board member, medical clinic team, community advocacy group, or business. Ringers (1981) defines such "change agents" as

> *Persons who believe that things could be better even though others may be satisfied with the way things are. They are persons who are convinced that ordinary methods are ineffective and are willing to attempt new ones. They are able to generate a multitude of solutions for the problems which they recognize or take advantage of the opportunities which they see. They are hard workers who are able to cope with the frustration of not finding rapid acceptance of their ideas.* (p. 21)

Initiation of a family service center can also result from a state mandate or new funding opportunity, but dynamic change agents at the community level are still necessary to take advantage of political and financial support.

DYNAMITE IDEAS:

Change Agents

An elementary school principal in Denver, Colorado, began the Family STAR program because she "was frustrated by the crime, violence, and drug use surrounding her school." Beginning with a vision to improve the community, this principal involved parents, businesses, and others in her plans. Through training help from IBM and grants from businesses and foundations, the collaborative group has converted a three-block area in the neighborhood into a complex of services, including two schools, adult education classes, infant and child care programs, a credit union, and a health care program.

An elementary principal served as the change agent in York, Nebraska, when he initiated the York Resource Council to improve communication between social service agencies, community organizations, and the schools. In addition to local service agencies, civic groups, the police department, and the local news media, the Council includes representatives from regional and state agencies. The Council is informal in its operation: there are no dues or bylaws and monthly, lunchtime meetings are held in the superintendent's office. Minutes are distributed to all Council members following each meeting. Council discussions have resulted in a before- and after-school child care program, academic enrichment programs at the schools, and an inexpensive transportation option for elderly and disabled community members.

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DYNAMITE IDEAS:

Collaborative Councils

The Networking Committee—a collaborative council in Decatur, Georgia—resulted from a desire to provide more comprehensive services for students who attend Oakhurst Elementary School. In 1988, the director of the DeKalb County Teenage Pregnancy Task Force and the superintendent of Decatur City Schools brought together six agencies who met with Oakhurst's principal to discuss how to improve service delivery for specific students. The Networking Committee has since grown and now serves as an umbrella organization representing private business, social agencies, the court system, parks and recreation, churches, United Way of Atlanta, grant agencies, and service organizations. Over thirty agencies currently work with the entire school system of nine schools. Two of the schools—Oakhurst and Fifth Avenue Elementary—serve as "nucleus sites" and provide parent education, health care, staff development, after-school care, and service referral for families.

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Step 2: DEVELOP A COMMUNITY COLLABORATIVE COUNCIL

In creating a family service center, the charge of the initiators is to develop a community collaborative council. Such a council should have diverse membership, representing human service agencies as well as community and parent groups, universities or colleges, businesses, and other interested parties. It is also important to seek the participation of key policy and decision makers whose input and conviction will be invaluable during planning and implementation stages.

Initiators will need to prepare for a first meeting of this collaborative council by addressing the following issues:

Who should participate?

Initiators should identify the major needs of their community and determine which service agencies are involved in meeting those needs. This may involve informal discussions with agency administrators, practitioners, and community groups, representatives of which could be invited to the first meeting of the council. Initiators may also want to invite those administrators, political leaders, and media representatives in the community who are in a position to support and advocate for collaborative services. Potential funding sources in the local area, such as businesses or foundations, could also be invited. Participants should be sent materials before the first meeting that outline the concepts of interagency collaboration and family-focused services.

Initiators may find it easier to start a family service center if they begin with a small group and a few services and plan to expand over time. Whatever the size of the council, it is especially important, however, to include practitioners—those who will actually provide the services at the center—including nurses, social workers, counselors, and classroom teachers. Their input, trust, and feelings of ownership will be required for successful implementation (Gans & Horton, 1975).

What should be discussed at the first meeting?

At the first council meeting, initiators can suggest their ideas for a family service center while leaving details to the council to work out over time. Participants can discuss the mutual needs of agencies and community members and attempt to determine individual levels of commitment to the concept. Council members should not leave the meeting before choosing a date and suggesting agenda items for a second meeting; this will assure participants that initiators are serious about the idea of a family service center and suggest that action is inevitable. Most importantly, however, the initial meeting should give participants a chance to get to know one another.

How can various groups be recruited to attend the meeting and convinced to make a long-term commitment?

Prior to the meeting, initiators may remind invitees of problems they have encountered which cannot be successfully overcome using individualized approaches. At the meeting, agency representatives can discuss collaborative objectives and attempt to connect these to individual objectives (Gans & Horton, 1975). Levy & Copple (1989) suggest a similar strategy:

> *At the beginning, when participants are still struggling to understand one another and get past their differences, it is useful to focus on issues whose mutual relevance and importance is readily apparent. Frequently, a prime motivator is systemic "pain"—inefficiency, inability to carry out necessary tasks, undesirable impacts, or bad press. It is easier to garner support to fix tangible problems than to tackle abstract matters because "it's the right thing to do."* (p. 16)

Robinson & Mastny (1989) also remind participants that "a commitment of time . . . is more important than money at the initial stage of creating a partnership."

DYNAMITE IDEAS:

Collaborative Councils

continued . . .

Pasco County, Florida, has created a Multi-Agency Council which includes the school superintendent, a juvenile judge, the director of health and rehabilitative services, the community health director, the sheriff, the assistant state attorney, the assistant public defender, and a county commissioner. The group meets quarterly to discuss the needs of children and youth in the county. Approximately fifty agency representatives, including school staff, serve as an audience at these meetings to present ideas or react to the discussion. Actions resulting from the council's discussions include improving services for school truants, establishing and funding an interagency child protection team to help victims of child abuse, developing a full-service school with extensive community participation, and establishing school-based drug abuse prevention programs.

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continued . . .

DYNAMITE IDEAS:

Collaborative Councils
continued . . .

San Bernadino, California utilizes collaborative councils to address system- and service-oriented problems. A Children's Advocate Council—with members from the PTA; United Way; Maternal, Child and Adolescent Health Advisory Board; drug advisory board; a Native Americans group, and others—provides advice and "grassroots" awareness of problems and community-based children's issues" to the Children's Policy Council. This second Council's membership consists of repre-sentatives from service agencies, the juvenile justice system, libraries, Head Start, and others. These groups are working toward integrating services and instituting alternative policies to improve local service delivery.

Checklist:

Developing a Community Collaborative Council

- Invite representatives from organizations that serve children and families.
- Include practitioners.
- Invite key local policymakers.
- Discuss mutual needs and objectives.
- Avoid "spinning your wheels."
- Avoid creating bureaucracy.
- Secure release time for participants.

The council will have many responsibilities in the collaborative effort. Its most important role will be to develop the family service center, but other tasks will also be required. The council can work to promote the program in the community and attempt to involve more participants. It can monitor success of the center and plan for evaluations. It can seek additional funding for the initiative and work with policymakers to encourage and support collaborative efforts. A large council may want to divide into advisory committees to deal with specific issues or responsibilities and to make recommendations for the whole group to consider (Heal, Copher, & Rusch, 1990).

Of course, difficulties will be encountered during this stage. Guthrie & Guthrie (1991) warn collaborators of these "pitfalls and danger signs":

> "NATO (No Action, Talk Only)"—New groups can spend a lot of time making assumptions, theorizing about solutions, and presenting information. Some of this is necessary in the beginning, but collaborators should try to determine goals early in the process in order to avoid wasting time and frustrating participants.
>
> "Creating an interagency czar or a superagency"—Participants need to beware of establishing a new layer of bureaucracy through a collaborative council, and remember that "money is best spent on direct, front-line services." (pp. 21-22)

Another common constraint is the lack of available staff time to work on the collaboration (*Planning for State Solutions*, 1988). Agency administrators at all levels will need to support the collaboration so that members of the council can make the necessary time and energy commitments.

Step 3: IDENTIFY A SHARED VISION AND GOALS

One of the first tasks of the community collaborative council is to come to an agreement about a vision for collaborative services and the goals of a family service center. Participants will need a clear focus, early in the process, to justify time spent on the collaborative. In order to establish this vision, participants should focus on what is best for children and families as they

- agree on basic assumptions,
- establish a shared awareness of need,
- agree on a broad and optimistic vision of change, and
- develop a shared understanding of desired outcomes and objectives.

The goals and vision will vary from one community to another, but they should be based on the characteristics of collaborative services that were discussed in Section One: family-centered, preventive, comprehensive, and flexible. Goals will also be necessarily broad until a formal needs assessment is conducted. Goal-setting will be an ongoing process taking place before, during, and after the needs assessment.

Ringers (1981) suggests setting intermediate as well as long-term goals so that council members can recognize some early accomplishments. By setting intermediate goals, collaborators are preparing to evaluate their progress throughout the development and implementation of the center in order to make mid-stream adjustments and enhancements. Setting short- and long-term goals will inevitably lead to discussions on program evaluation and funding accountability requirements, thus preparing the council for later stages.

DYNAMITE IDEA:

Setting Goals

Pinellas County, Florida, received a full-service school grant in 1991 to develop family service centers in three schools. When proposing how to best use the money, administrators from the schools and county office identified their expectations and goals. The first goal on which they all agreed was to help teachers *teach* by assuring that students' non-academic needs were being met. A second goal was to involve parents more in their children's education and to support parents in their child-rearing role. Administrators also wanted to increase students' success in school, improve their self-esteem, reach more families, and improve the atmosphere of the school to make it a more positive place to work and learn.

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DYNAMITE IDEA:

Meeting the Community's Needs

The "Center" in Leadville, Colorado, responded to child care and educational needs of an economically-depressed community when it opened in 1988. Parents, who left in the early morning to drive to low-wage jobs at ski resorts, needed affordable, all-day child care. Statistics demonstrated that other services were needed as well: only 63 percent of students completed high school, just 30 percent went to college, and the teen pregnancy rate was 12 percent. When the superintendent of schools met with other educators to identify ways to meet these needs, the Center was born.

Supported by fees from parents (determined on a sliding scale), a Head Start grant, and many other diverse funding sources, the Center currently offers infant/toddler, preschool, before- and after-school, and year-round day care; pregnancy prevention and parent education programs; access to prenatal care and social services; high school vocational classes; tutoring; recreational classes in dance, music, and skiing; and transportation to and from the Center. The Center is also committed to integrating disabled students into all activities. The Center has made a significant difference during its four years of operation: high school completion has risen to 83 percent, the teen pregnancy rate has fallen to 6 percent, and 66 percent of students now go on to college. Teachers in the early elementary grades have noticed that the students entering their classrooms have more sophisticated language and problem-solving skills and interact better with other students. In addition, the Center brings $250,000 into the community's economy each year.

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Step 4: CONDUCT A NEEDS ASSESSMENT

A needs assessment for a family service center involves asking these questions:

What services are needed in the community?
What services are provided by the existing service agencies?
Who is providing what services?
What needed services are not being offered?
Who can best provide these services?
What personnel and services do agencies themselves need?

A needs assessment should be conducted early in the collaborative process and periodically repeated throughout the life of the program; needs change over time, and the agencies which can best provide certain services will fluctuate with changes in funding and personnel. It is especially important to ask community residents to identify and clarify their own needs; they know their needs better than anyone.

Responses to some of the above questions may be gathered quickly by examining data already collected by schools and other agencies. Other effective methods of data collection include interviewing or surveying practitioners, parents, administrators, and students; studying the demographics of the community; and observing the current system at work. *(See Appendix B for sample surveys of parents and students.)* Guthrie & Guthrie (1991) suggest developing a "matrix" of needs (health care, tutoring, counseling, etc.) matched with service providers to determine where duplication and gaps exist (p. 20). Members of the collaborative council should also try to "develop an insider's view" of service needs (Papagiannis & Curry, 1989, p. 25); this is one of the many reasons to include parents on the collaborative council, especially when they can demonstrate the interconnected nature of family problems and needs to skeptical service providers.

Another aspect of assessing the current situation is to look at existing and past agreements between agencies that demonstrate cooperation or coordination and that may serve as building blocks for collaborative work. Agency representatives can discuss other experiences working together and identify characteristics or types of agreements (e.g., mandated, informal, sharing of resources, sharing of personnel) that contributed to success or failure (*Planning*

for State Solutions, 1988). This also allows agencies to discuss their perceived roles further and to answer such questions as "How do agencies know which children need help?" or "How does one agency help families obtain services from another agency?" (Farrar & Hampel, 1987).

Step 5: DEVELOP A PLAN OF ACTION

When a collaborative council has determined the current status of service delivery in the community and agreed upon a mission and goals, the next step is to develop a strategy for reaching those goals. A council that plans to create a family service center will need to make decisions about the following issues:

- Choosing a facility
- Establishing family eligibility
- Meeting confidentiality regulations
- Obtaining parental consent
- Assigning responsibilities
- Making use of existing funds
- Seeking financial and political support

Choosing a Facility

This decision will largely depend upon space availability, resources, and community demographics. A site should be easily accessible to the people who will use it and should allow for expansion. It should be perceived by parents and other community members as a safe and comfortable place to bring children and come for help.

Establishing Family Eligibility

Councils need to decide who will be served at the center. Health clinics located at or near schools, for example, usually serve the total school population, but many programs funded by state or federal funds, such as Head Start, have more narrow eligibility requirements. Varying eligibility criteria can pose problems in determining who can receive available services. The National Commission for Employment Policy suggests instituting "multi-purpose application forms" which include agency-specific questions as well as questions that apply to all programs. This benefits families by reducing frustration and time spent filling out forms, and may also save money in administrative time and paperwork (*Coordinating Federal*

DYNAMITE IDEA:

A "Feasibility Study" to Determine the Potential for Success

New Beginnings—a collaborative project in San Diego, California—conducted an extensive feasibility study before implementing a plan of action for coordinated services. Components of the study included "action research" which involved placing a social worker at the school to work with 20 families, interviews conducted by nurses with 30 additional families, focus group discussions with agency administrators and practitioners, tracking of student migration into and out of the proposed school site, and electronically matching data on school families to social service agency files.

The feasibility study determined that services are fragmented and crisis-oriented, families need help in order to get help, and the school is a good base for services, but the collaborative need not be school-governed. The results provided the information necessary for successful implementation. A center for integrated service delivery has since opened at an elementary school with a diverse population of 1,300 students.

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Checklist:

Conducting a Needs Assessment

- Ask community members to identify their needs.
- Use a variety of forms of data collection.
- Obtain an "insider's view."
- Assess past collaborative experiences among agencies.

Checklist:

Eligibility

- Identify policies and possibilities for establishing eligibility.
- Develop a multi-purpose eligibility form.
- Make eligibility criteria compatible where possible.
- Establish a process for determining eligibility and acting upon needs.

DYNAMITE IDEA:

Addressing the Issue of Confidentiality

In Fulton County, Kentucky, collaborators involved in the state's KIDS initiative encountered barriers to sharing information due to differing agency confidentiality regulations. Convinced that the intent of such regulations was to protect against the misuse of information rather than to hinder the cooperative efforts of agencies to provide better services, the group sought legal advice from the state to determine a way to meet both objectives." As a result, they developed a release form which specified the conditions for exchanging information about clientele. The participant receiving services was asked to sign the release form which was kept in his or her file; agency staff who were working with the participant also signed a statement of confidentiality.

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Assistance, 1991, p. 18). Collaborators may also want to rethink existing eligibility regulations that may be barriers to effective and comprehensive service delivery. For example, the Duval County, Florida Human Services Council points out that service availability is often based on what category a child fits rather than on the needs of that child and notes that a child can lose Medicaid eligibility if he or she is placed in a delinquency program (*Focus*, 1991, p. 23).

Center staff will also want to establish a process for clarifying what to do with new participants. For example, the parent could fill out an eligibility form and have immediate needs met on arrival (such as a medical treatment). Afterwards, a team of practitioners could meet to discuss information provided by the parent and determine a comprehensive course of action to help the whole family.

Meeting Confidentiality Regulations

Record sharing among service providers is usually necessary for providing coordinated services to families, but most agencies have confidentiality policies which restrict access to records. One way to overcome these regulations is to obtain parental consent to share information between agencies. Another recommendation is to keep separate records of highly confidential information (such as mental health treatment) but to include broad statements about referral and recommendations in central files (such as school records) that are accessible to parents and practitioners (Cohen, 1989b). However, separate records—located in different places under unique recordkeeping systems—may confuse service center workers. While local agencies will be limited in their control over confidentiality policies, members of the collaborative council may want to reconsider certain regulations and propose a new, coordinated record-keeping system—where all center employees sign an oath of confidentiality, for example—which allows records on a family to be compiled in one location (and entered onto a computerized database if possible). *(See Appendix C for sample oath.)* *Confidentiality and Collaboration: Information Sharing in Interagency Efforts* (1992), described in Section Four, may be a helpful resource for collaborators facing this issue.

Obtaining Parental Consent

> *Some of the most promising interagency approaches are ones that affirmatively embrace the idea that informed consent for the release of information is part of empowering the individual as an active participant in resolving personal and family issues.*
>
> *Confidentiality and Collaboration*, 1992

Family service centers will likely need to secure parental permission to provide services to children and to release confidential information to other agency workers.

Collaborative councils may want to design a form for parents to sign which lists all the available services for the child; such a form can allow parents to cross off any services they do not wish their child to receive. These forms have the added benefit of informing parents of services that are available to them and can require information related to health insurance or Medicaid eligibility for billing purposes. Another form can be sent at the same time which requests parental permission to release confidential records to other agency representatives. *(See Appendix D for sample forms.)*

Assigning Responsibilities

As part of the action plan, the council will need to decide which agency will offer which services, who will work at the center, and how existing staff will be integrated into the new program. Some of these decisions, such as deciding leadership, may be made earlier in the process. Redistributing service responsibilities for school nurses, school psychologists, or counselors will need to be handled with practicality and sensitivity, especially if the center is located on school grounds. As with other major decisions in the planning process, assigning responsibilities should be the result of shared decision-making among all council participants. New roles should be based on the strengths and wishes of individuals and should allow for flexibility as the center develops and changes. Training related to practitioners' new responsibilities will be necessary. While changing people's job responsibilities can cause conflict, practitioners will be more receptive to change and will

DYNAMITE IDEAS:

Using Computers to Establish Eligibility

The Superintendent of Schools in Santa Rosa County, Florida, convinced IBM to donate $150,000 for computer equipment and a full-time analyst to develop a computerized database management system for Santa Rosa's full service school. The Department of Health and Rehabilitative Services (HRS) installed additional computer equipment so that HRS workers located on school sites can access the statewide system for economic services and review applications for Medicaid, Food Stamps, and Aid to Families with Dependent Children (AFDC). Now, workers at a school can, for example, determine which children qualify for free lunch by looking on the computer for those who qualify for AFDC.

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Project Manager
Project Vision
Holley-Navarre Middle School
1976 Williams Creek Drive
Navarre, FL 32566
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Maryland's Division of Eligibility Services in the Medical Care Policy Administration uses a computerized system to determine eligibility. A staff person types an applicant's data into the system, and the computer determines the programs for which he or she qualifies. The computer print-out is signed by the client and kept on file.

find it easier to adapt if they have been involved with the council from the beginning and are consulted about the changes (Guthrie & Guthrie, 1991).

Checklist:

Using Existing Funding

- Pool resources and personnel.
- Develop a multi-year, master contract to combine various funding sources.
- Be creative.

Making Use of Existing Funds

At this time of frozen and even shrinking budgets, many agencies have insufficient funds for their current activities. Also, little, if any, new funds for social programs appear to be forthcoming. This being the case, Hodgkinson (1989) notes that "we simply have to get more mileage out of the resources and organizations we now have" (p. 25). The programs of a family service center will not require additional funding if existing programs are sufficiently funded to allow personnel to move from separate agencies to the center. Once a center is established, reduced duplication of services to the same families, streamlined paperwork, and reduced need for intervention programs could ultimately lower the costs of providing services to families.

Most collaboratives that begin at a grass-roots level bring together numerous agencies with various funding streams and attempt to pool resources. Melaville and Blank (1991) note that "the administrative time and staff required to patch together and maintain accountability for multiple money sources inevitably takes away from organizational development on other fronts" (p. 13), and it risks creating a center which offers a smattering of programs that meet funding accountability requirements but do not meet the comprehensive needs of families. One suggestion is to create a multi-year, "master-contract" which redefines rules and accountability requirements by identifying performance criteria and a single, combined set of regulations (Melaville & Blank, 1991; Gans & Horton, 1975). Such a contract necessitates the involvement of state and federal agencies, but also reinforces the need for and benefits of higher-level collaboration to complement local-level efforts.

Providing and Seeking Financial and Political Support

A local-level collaborative initiative is no easy task and can be greatly aided by local, state, and federal support, including public and private funding and improved policies. Support for integrated services can vary widely. Technical assistance from experts can help a family service center acquire certification as a Medicaid provider or design a

computerized database for recordkeeping. Regulation waivers offered by policymakers can simplify confidentiality or eligibility requirements or allow funding to be pooled more easily. Financial support and incentives from foundations or government departments can reward interagency collaboration through demonstration programs that "balance specific objectives to ensure direction, with sufficient flexibility to match local needs and resources" (Melaville & Blank, 1991, p. 19).

Policymaking should reflect a new way of thinking that emphasizes a holistic approach to serving and empowering children and families and which will lead to systemic change in the way services are delivered. The following suggestions, including those from Palaich, Whitney, & Paolino (1991), are offered to policymakers:

- Focus on children and families by proposing integrated, comprehensive policies which contribute to the goal of providing effective services.
- Hold joint legislative meetings between committees responsible for education, health and human services, juvenile justice, and others to discuss promoting interagency collaboration and related budget issues.
- Encourage partnerships between the state government, service workers, the community, and individual families.
- Consider alternative government strategies for coordinating children's services, such as a single agency for youth.
- Emphasize prenatal health care and health care and education for families of young children.

Organizations which are considering funding a collaborative effort need to be sensitive to the complexity of interagency efforts when planning time lines and accountability requirements. It is important to give a family service center time to develop an appropriate plan, become known in the community, and work with families over time to make positive changes in their lives. Funders can base their decisions for continued funding on current efforts and short-term accomplishments while encouraging collaborators to continue to focus on the ultimate goals of family empowerment and improved lives. Funders need to also remember that programs are rarely replicated successfully in other areas without being adapted to local conditions and needs (Edelman & Radin, 1991).

Checklist:

Providing Political and Financial Support

- Do not rush a local collaborative.
- Keep collaborators focused on ultimate goals.
- Offer waivers on policies which impede collaboration.
- Do not try to replicate programs in other areas without responding to local needs.
- Create "collaboration-friendly" policies and encourage systemic change.

DYNAMITE IDEA:

Seeking Community Contributions

The Parent Center and parent involvement/support program at Sudduth Elementary School, in Starkville, Mississippi, relies on community volunteers and donations to support its activities. The local newspaper runs a weekly column, "Partners in Learning," devoted to parenting and children's learning issues. The local television station allows parents, children, and school personnel to demonstrate and televise good parenting techniques and at-home activities on its leftover public service time. Fund-raising for family gatherings and materials was made possible through an agreement with *Coca-Cola* and Mississippi State University's baseball team; parents sold concessions at the baseball games and all the proceeds went to the school. The "Coats for Kids" project provided needed coats to children at Sudduth, and the local police department (in conjunction with a college fraternity) came to the school to fingerprint all the students as a safety measure.

Because of these contributions, the Parent Center, which also offers social service referrals, evening workshops for parents (and child care for children), a toy/videotape/book library, mental health counseling, and a 24-hour parenting help line, costs the school district only the salaries of two paraprofessionals who act as home-school coordinators and who collaborate with other service providers.

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Principal
Sudduth Elementary School
Greenfield Drive
Starkville, MS 39759
(601) 324-4150

A local collaborative council may want to use its combined clout to lobby, at the state or national level, for policy changes and funding allocations that will aid present and future collaborative activities. A council may also offer its assistance to national organizations that are currently involved in the effort to gain political and financial support from the federal government. *(See Section Three for descriptions and contact information.)* However, initial and more immediate assistance in implementing a family service center may require other actions, including seeking in-kind contributions, organizing a team of volunteers, and writing grant proposals.

In-kind contributions from local public and civic organizations are an especially important resource for a family service center. In-kind services can include the following:

- space (including maintenance and utilities),
- staffing (such as health professionals, counselors, or clerical support),
- equipment and furniture,
- construction and renovation,
- printing facilities,
- transportation,
- public relations and promotional activities, and
- recreational activities.

(Source: Hadley, Lovick, & Kirby, 1986)

Another important resource to tap is volunteers from the community. College students or others with flexible schedules, for example, may be able to tutor children at school or provide clerical support to a center. Also, parents with special skills, such as building repair or artistry, can provide assistance on an as-needed basis. Retirees are another important volunteer resource; this is particularly true of the Southeast which has a large retiree population. A family service center could easily make use of the time and expertise that retired doctors, nurses, teachers, electricians, builders, managers, public relations specialists, or others may have to offer. Retirees can also be excellent motivators for students or mentors for young parents.

While in-kind contributions and community volunteers may be sufficient for some small-scale projects, most collaborative activities will also need to seek funding from outside sources. The majority of existing centers began with some seed money, and collaborative councils may want to set an early goal to secure modest funding for start-up costs. The "Dynamite Ideas" throughout this document offer examples of potential funding sources, including private foundations, corporations; federal, state, and city government; and local organizations. Some suggestions for identifying and seeking support from various sources are listed below.

Foundations: To identify private foundations and their areas of interest, collaborators can contact The Foundation Center's New York Office (212-620-4230) or check the local library for books, such as *The Foundation Directory*, which describe the types of support given by various foundations. Traditionally, foundations prefer to fund the initial phases of an innovative program; however, continued support may be available for a collaborative project that is expanding into new service areas. In addition, some foundations prefer to be one of a group of contributors, rather than the sole funding source, and grant proposals should reflect other efforts to secure funds (Hadley, Lovick, & Kirby, 1986).

State Support: While changing budgets and shifting responsibilities tend to complicate the process of locating the right staff person, collaborators should try to contact state department staff who can provide information about special funding for family services, interagency collaboration, health care, child care, or at-risk youth services. Members of legislative committees or state-level task forces on such issues as day care may also help identify potential funding sources (Hadley, Lovick, & Kirby, 1986). Section Three describes several state-level initiatives which are addressing and supporting interagency collaboration and includes possible initial contacts.

DYNAMITE IDEAS:

Creative Uses of Funds

Butler County, Alabama, manages multiple funding sources through its community education program. One community educator has raised resources from a number of sources and combined these funds to provide critical education, family, and community services for the county:

- Library funds have purchased materials for parent education programs and continuing education classes.
- The state's Children's Trust Fund has agreed to support teacher training on identifying and addressing child abuse and neglect among students.
- Money from a drug education program has allowed counselors to help students build coping skills and self-esteem.
- Funds from the Southeast Alabama Mental Health Program support parent education and counseling services, as well as child care while parents are making use of these services.
- Parent Education and Child Abuse Prevention Programs are funded by the Exchange Club of Greenville and United Fund of Butler County.
- In-kind contributions are provided by Partners-in-Education, the Butler County Extension Service, the Juvenile Court, and the Department of Human Resources.

As a result of the provision of intensive parent education and child abuse prevention programs, parents are becoming more effective in their roles as parents and have higher aspirations for their children and their school.

CONTACT: Judy Manning
Coordinator of Community Education
Butler County Board of Education
101 Butler Circle
Greenville, AL 36037
(205) 382-2665

continued . . .

DYNAMITE IDEAS:

Creative Uses of Funds
continued . . .

The principal at Alachua County's Family Services Center recognizes that providing food at a workshop or class can be an incentive for increasing participation. Unfortunately, many grants strictly prohibit the purchase of food. However, when the Center received a grant which allowed food to be purchased for instructional purposes, staff implemented a nutrition class for parents which immediately follows an adult basic education class. A staff person or volunteer prepares a simple, inexpensive, and nutritious dish, shares facts about nutrition with the parents, and then offers everyone a taste. Another activity is "Cooking with Kids" which brings parents and children together to learn nutrition and kitchen skills using simple recipes. *See page 12 for contact information.*

Checklist:

Seeking Financial and Political Support

- Lobby for policy changes.
- Secure in-kind contributions.
- Recruit volunteers.
- Seek support from foundations and corporations.
- Seek federal, state, or local government grants.
- Be creative.

Federal Support: Federal monies, including block grants and public assistance programs such as Medicaid, should also be considered. The Title XX Social Services Block Grant, for example, may be used to fund a variety of services plus staff training, administration, planning, and evaluation (*Coordinating Federal Assistance*, 1991). See Section Three for descriptions of other federal programs. More about federal sources of support can be found in *Coordinating Federal Assistance Programs for the Economically Disadvantaged* (1991) *(Section Four)*.

The keys to seeking financial support are creativity and persistence. Collaborators should look for monies that will fund one or another aspect of the center and which will also supplement a variety of programs. Centers with health clinics should explore the possiblities of billing Medicaid and/or families' private health insurance for medical care. Collaborators should also consider non-traditional ways to use funds, such as using Medicaid to finance mental health counseling for students.

Creativity is also helpful in writing grant proposals. While the goals or planned activities of a family service center should not be chosen solely to meet the requirements of a potential funding source, the language used in a proposal will be better received if it is geared toward the intended purposes of appropriate grants. For example, if the funder is looking for projects that promote self-sufficiency, center staff should highlight the ways that this objective will be achieved through their proposed activities (Hadley, Lovick, & Kirby, 1986). Proposals should also explain how the funded program will be integrated into the total center. Collaborators may want to contact The Grantsmanship Center, which provides technical assistance for proposal writing and fundraising, at 1031 South Grand Avenue, Los Angeles, CA 90015.

Step Five involves working through many difficult and time-consuming issues. When developing their plan of action, collaborators are cautioned to choose strategies which they can realistically implement and to allow sufficient time for planning and development.

Step 6: SELECT A CENTER COORDINATOR

Family service centers will benefit from a coordinator (or coordinating team), and a collaborative council should designate a coordinator if budget and personnel availability allow. This leader should have the characteristics of a change agent and will need an "open-minded attitude . . . so that the inevitable problems that arise from collaborations can be resolved in a creative fashion" (*Planning for State Solutions*, 1988, p. 33). He or she will work directly with service providers to handle day-to-day activities and will act as a liaison between agency administrators and the center. This leader could be a principal, assistant principal, or other agency administrator who can work at the family service center each day. Ideally, such a leader will have educational or professional experience in more than one service area (such as teaching and social work). *(See Appendix A for more information about educating new professionals through an interdisciplinary approach.)* This person may also lead meetings of the collaborative council, but may delegate that responsibility to a selected facilitator or chairperson of the council.

Step 7: IMPLEMENT THE PLAN

Once collaborators have designed a plan for the family service center (by choosing a facility, securing funding for programs, designing eligibility procedures, assigning responsibilities to staff and volunteers, receiving permission from parents, and identifying a coordinator) it is time to implement the plan by opening the center and offering services to families. The opening of a center could be coordinated with the beginning of the school year or, if it is located at or near a school, with the school's "open house" night. An official "ribbon-cutting" ceremony will generate publicity for the center and establish connections with political organizations and the media.

In order to encourage use of the center, families and human service providers will need to be informed about the center's existence, its hours of operation, the availability of transportation, and the services offered. Letters can be sent to practitioners inviting them to visit the facility and to refer families or students to the center. Parents—who are identified through school records, Head Start centers, or other service agencies—can also be sent a letter of invitation. Announcements posted in local businesses, city buses, neighborhood schools, health clinics, community centers, and churches will inform more potential clients, and selected radio stations can include information about the center in their regular public service announcements.

DYNAMITE IDEA:

A Center Coordinator

All the activities of the Family Life Center in Ridgeland, South Carolina, are overseen by Curtis Dixon, the District At-Risk Coordinator. As the coordinator, Dixon is continually asking the question, "What else can we do to make sure that these students are getting the services they need?" The Family Life Center currently offers on-site mental health counseling, peer counseling, tutoring, and behavioral management classes for students; it also provides referrals for and transportation to a health clinic and to other human service agencies. Adjacent to a high school, the Center allows for "drop-ins" with whom Dixon conducts an initial needs assessment to determine what services they will need. Dixon's other duties include setting up pregnant adolescents' appointments at a health clinic and making sure they get there; coordinating on-site visits from a health professional, drug-abuse counselor, or social worker; and scheduling meetings of the Case Management Team (representing a variety of agencies), which develops improvement plans for at-risk students and their families.

CONTACT: Curtis Dixon
Family Life Center
P. O. Box 848
Ridgeland, SC 29936
(803) 726-7246

Checklist:

Implementing the Plan

- Open the center (with ceremony).
- Work out calendar variations among center staff.
- "Advertise" the center in the community.
- Provide transportation to families.
- Provide training to practitioners.

DYNAMITE IDEA:

Getting the Word Out Through Teachers

The Natchez-Adams Chapter 1 Parent Center in Natchez, Mississippi, uses teachers to inform parents about the Center's services. New teachers are invited to a workshop at the beginning of each year which details the benefits of the Center's activities for students and families. Teachers are also told how the Parent Center can help them as teachers because it enables parents to become more involved with their children's school, teachers, and learning. All teachers are provided simple referral forms for the Center which they are encouraged to give to parents after a conference; the teachers note on the form those skills and services which the parents may need. Parents who come to the center have access to many services, including adult and parenting education, a program which allows parents to borrow computers to use at home, a library of educational materials, and social service referral.

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Natchez-Adams School System
P. O. Box 1188
Natchez, MS 39121
(601) 445-2897

As with any stage in the process, implementation will present challenges. Agency personnel will have to adjust to new responsibilities, policies and regulations, and interruptions (Cohen, 1989a). Daily schedules and monthly calendars for each agency may not coincide, and center staff will need to agree upon hours of operation and vacation days. In addition, families may require assistance with transportation in order to use the center; parents who cannot get to the center will not be able to take advantage of collocated services any more so than services in a fragmented system. Since lack of transportation can be a significant logistical constraint to successful implementation; Hodgkinson (1989) sensibly suggests using school buses while school is in session or after school to transport parents to and from a family service center.

Ongoing staff training for practitioners in the family service center will also be a necessary component of the implementation process (*Planning for State Solutions*, 1988). Because "collaboration occurs among people—not among institutions," workers must be "supported at each level of organization where collaboration is expected to take place" (Bruner, 1991, p. 26). Training and support can focus on changing attitudes as well as building skills. Practitioners will benefit from guidance in why and how to share resources, refer clientele, maintain records, and make collaborative decisions. Training is especially important for case managers who will need knowledge about the array of possible services, the structure and requirements of each agency, and the culture of the community being served. Additional staff development on the vision of holistic service delivery and societal improvement will be important for all participants in a collaborative effort (Melaville & Blank, 1991, p. 29).

Step 8: EVALUATE THE PROGRAM

As with any human service program, a collaborative effort will need to be evaluated. While a full evaluation should take place after implementation, "formative" evaluation is an ongoing assessment which is used to effect changes and improvements throughout implementation. A formative evaluation asks questions such as the following:

- What problems have been encountered so far and how are they being addressed?
- Are families satisfied with service delivery?
- Are families receiving the services they need?
- Are community members aware of the center's existence and purpose?

- Are all interested and eligible families receiving services?
- Do established policies and procedures serve their purposes without getting in the way?
- Have programs been implemented as planned?
- Are center facilities sufficient for the services offered and accessible to families?
- Are hours of operation flexible enough?
- Are staff members comfortable with their responsibilities and competent enough to meet them?
- Are members of the collaborative council satisfied with the center and with their role in creating/ sustaining it?

Plans for evaluation should be made while the family service center is being developed: outcome measures will relate to initial goals, needs assessment data may be compared with results, and some data collection may involve record keeping over the course of the development and activity of the center.

A "summative" evaluation strategy, taking place after implementation, measures the degree to which initial goals have been met. A summative evaluation of a family service center should be results-oriented and look for improvements in service delivery and improvements in the health and well-being of children and families. Such information will be useful when attempting to keep and/or supplement resources and involve more service agencies. In designing the evaluation, collaborators will "need to go beyond the traditional bean-counting of numbers of children served or contact hours" and ask meaningful questions about such issues as improved communication, policy changes, participant satisfaction, and reduced risks (Guthrie & Guthrie, 1991, p. 21). Says Lisbeth Schorr, author of *Within Our Reach*, "We have to be willing to think more about what information is meaningful and less about what is simply countable" (Cohen, 1989a, p. 10).

A thorough evaluation uses a variety of types of data from surveys and interviews to existing records, observations, and meeting minutes. It looks both at whether the initiative was successful and why it was or was not effective (Flynn & Harbin, 1987). Especially important for seeking financial and political support is identifying ways in which the center saves money over traditional service delivery practices. Collaborators may find it helpful to set short- and long-term

DYNAMITE IDEA:

Transportation to Improve Transition

A partnership between Cone Elementary School in Greenville, South Carolina, and the Greenville/Pickens Head Start Program at Verner Springs has created an all-day program for four-year-olds to improve the transition from Head Start to the public schools. Through collaboration and sensitivity to each agency's capabilities and restraints, staff at the school and program have been able to offer comprehensive services to these children, work together on staff development and curriculum planning, and increase parent involvement. The success of this program hinges on the use of a Head Start bus which picks up children from their homes, carries them to Verner Springs (where they spend their mornings), takes them to Cone Elementary (for lunch and afternoon activities), and then returns them to their homes. Attendance in both the morning and afternoon programs has greatly improved through this home-to-center-to-school-to-home transportation, as has parent involvement in the education of their young children.

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Principal
Cone Elementary School
500 Gridley Street
Greenville, SC 29609
(803) 241-3507
or
Rubye Jones
Director
Greenville/Pickens Head Start
652 Rutherford Road
Greenville, SC 29609
(803) 233-4128

Checklist:

Evaluate the Plan

- Evaluate during and after implementation.
- Use varied methods of data collection.
- Identify quantitative and qualitative outcomes.
- Use ongoing evaluation to make center improvements.

DYNAMITE IDEA:

Training Collaborators

The Institute for Educational Leadership sponsors the DeWitt Wallace-Reader's Digest Collaborative Leaders Program, which is a leadership development opportunity for mid-level staff in schools, local or state government agencies, or other private, public, and non-profit organizations that provide educational, social, human, or health services to young people and their families. The program is based on the belief that if service systems are to change, then middle managers are among the key individuals who must be prepared to play new leadership roles. It consists of an 18-month inservice program and two national meetings. As a result of the Collaborative Leaders Program, participants are able to recognize the complex problems of at-risk youth; identify strategies to meet the needs of at-risk youth; cope with the structural, personal, and financial barriers to collaboration; and develop the leadership skills necessary for implementing collaborative initiatives.

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Vice President and Director or
James Calvin, Senior Associate
Leadership Programs
Institute for Educational Leadership
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goals for the project so that early improvements can be acknowledged and publicized while ultimate indicators of success—such as increased graduation rates or decreased welfare dependency—can be demonstrated over time.

The following are some suggested outcomes for children and youth who are served by a collaborative effort:

- improved student grade-point averages
- improved competencies in basic skills
- improved school attendance
- increased graduation rates
- increased number of high school graduates who seek higher education or enroll in job training programs
- reduced teen pregnancy rates and increased numbers of teen parents remaining in school until graduation
- reduced numbers of youth and adults requiring mental health and substance abuse services
- increased numbers of school-aged children who are immunized and receive periodic health examinations

(Sources: Interagency Work Group on Full Service Schools, 1991; *Planning for State Solutions*, 1988)

The following are suggested outcomes for families:

- increased numbers of parents involved with school programs
- reduced number of "latchkey" children
- reduced number of children removed from the home due to family problems
- reduced number of families receiving public assistance
- increased literacy rate in community

(Source: Interagency Work Group on Full Service Schools, 1991)

While these outcomes are usually easily countable, collaborators should not lose sight of additional outcomes that are more difficult to measure, including improving children's self-esteem, empowering individuals and families to become independent, raising the expectations of community members, and improving the surrounding environment. These results can be gleaned from methods such as focus group meetings of community members, pre- and post-service attitude surveys, interviews with students and parents, and case studies of individual families.

Who should conduct an evaluation may be determined by funding constraints, but an outside, trained evaluator is preferable. As Flynn and Harbin (1987) explain, "An outside evaluator can more objectively examine how the group was formed, what has been accomplished, and what impact the effort has had on the target population" (p. 43). However, the collaborative council and practitioners will want to be intimately involved with the evaluation process in order to ensure that the outcomes they seek are examined. The *Evaluator's Handbook* by Herman, Morris, and Fitz-Gibbon (1987), may help collaborators design their own evaluation strategies *(see Section Four for full description)*.

Step 9: PUBLICIZE SUCCESSES AND PLAN FOR IMPROVEMENTS

Based on the evaluation results, the collaborative council will need to make decisions about whether to continue the collaboration or about how to improve or redesign the family service center. Improvements will necessarily result from evaluation findings, but other outcomes may include expanding the available services, developing new avenues for communication, setting up a centralized database of information, or opening another service center in a different area. It will take time to establish credibility for the center in the community, but credibility should result from publicized improvements in service provision, participant satisfaction, and the potential for making a difference in the lives of children and families. Also, those who provide, or are considering providing, funds for the initiative will want concrete evidence of the center's successes.

The last step is to celebrate and publicize the successes of the center so that participants can be recognized for their contributions and other communities may be inspired to try a similar strategy for improving services. The New Beginnings (1990) project in San Diego reminds potential collaborators to "share ownership and accolades" (p. A-7), and Clark (1991) encourages them to "celebrate small victories" (p. 27).

DYNAMITE IDEA:

Defining, Meeting, and Exceeding Outcomes

The Ventura County (California) Children's Demonstration Project represents a successful collaboration between the public schools and the county's Mental Health Department. The goal of the project—established by the California State Assembly in 1984—was to create a cost-effective, "community-based, culturally-sensitive mental health delivery system." By integrating mental health services with school special education classes, the Ventura Project has provided critical services to students directly at school as well as support to special education staff. When defining outcomes, the Project sought a ten percent decrease in out-of-county residential placements; subsequent evaluation of the project showed a 21 percent decrease. Collaborators also wanted fifty percent of the children at risk of institutionalization to stay with their families for another six months; 85 percent were able to stay at home even longer. Periodic evaluations also revealed that 65 to 75 percent of the system's costs were offset by the savings incurred through reduced stays in residential, in-patient, state hospital, and corrections facilities. In addition to these results, academic performance and attendance of students improved significantly. A five-step model for planning mental health systems grew out of this project. It has been applied in several other California counties, across all age groups and has become the basis for state-wide reform of California's entire mental health system.

CONTACT: Daniel Jordan
Ventura County Children's Demonstration Project
Mental Health Services Research and Evaluation
300 Hillmont Avenue
Ventura, CA 93003
(805) 652-6775

Advice from Experienced Collaborators

If you have succeeded in implementing a collaborative service strategy in your community, use the "Dynamite Idea" submission form at the front of this booklet to document your successes and send it to SERVE for possible inclusion in future editions of this document.

The following is advice that experienced collaborators offer to those who would like to develop a family service center:

- Start small—do not try to offer every possible service at the very beginning.
- Begin with a service which is clearly needed by the community so that everyone can see some immediate results.
- Involve practitioners at the beginning; invite nurses, teachers, social workers, and others to make suggestions about the facility, scheduling, and services.
- Involve decision makers at the beginning who can provide funds and personnel and who are involved in policy decisions.
- Determine the existence of other interagency councils in the community that may serve as the center's collaborative council.
- Collect as much information as possible about the needs of the community from the members of the community.
- Ensure that all collaborators are aware of the cultural and ethnic identities of the community members being served.
- Seek support from community resources such as churches, universities, and businesses.
- Make sure that the community in which the center will be located is receptive to the idea.
- Concentrate on communities where the need is greatest.
- Take advantage of the "large-picture perspective" of a state- or district-level council to create a *system* of family service centers.

- Develop a presentation or paper which can be used to garner support; open with a section that stresses the needs of the community and include benefits to agencies as well as to families. (A slide show can sometimes communicate the needs more effectively than words.)

- Encourage or build a community constituency to seek acceptance for the collaboration and deal with bureaucratic obstacles.

- Keep focused on the question of "how do we best serve families and help them become independent?"

- Be creative in actualizing the vision and dealing with constraints.

- Share research information at collaborative council meetings that will expand the knowledge of participants; topics may include causes of teenage pregnancy or understanding a minority culture.

- Be careful about setting a date for opening the center; leave enough time for proper implementation and be prepared for a flood of "customers" at the beginning.

- Offer services when the parents can come to receive them.

- As new programs are added, be sure to welcome new players and make them feel a part of the relationship.

- Do not get discouraged; almost anything that a collaborative strategy offers will be better than what was previously available.

SECTION III

STATE AND NATIONAL ACTION TO SUPPORT COLLABORATION

State Initiatives

National and Private Organizations

STATE AND NATIONAL ACTION TO SUPPORT COLLABORATION

State Initiatives

While local-level collaborative efforts can be successfully implemented through local action, collaborators will face problems that are difficult to solve when dealing with restrictive state and federal policies and unstable or short-term funding. State- or other high-level support for collaboration can be an invaluable asset to local efforts. Section Three discusses and highlights activities of states, national organizations, and foundations that both exemplify collaboration and encourage collaboration at the local level.

The following summaries briefly describe a sample of state activities that enhance or are initiating collaborative services.

Alabama

Alabama has focused its state-level collaborative efforts on early childhood education and parenting. In 1991, the Legislature established the Alabama Council on Family and Children (Education Reform Act—91-323), which brings together representatives from the Governor's office; the Departments of Education, Human Resources, Health, Mental Health and Mental Retardation, and Youth Services; the Children's Trust Fund; and each congressional district in the state. *(See Appendix E for legislation.)* The Council's responsibilities include supporting efforts to coordinate state- and local-level services related to early childhood development and family involvement, recommending the establishment of early childhood programs, and recommending professional and instructional development programs.

CONTACT: Anita Buckley-Commander
Governor's Office
Alabama State House
Montgomery, AL 36130
(205) 242-7130

In addition to this legislation, Alabama held its Second Alabama Governor's Conference on Parenting in December 1991, which was sponsored jointly by the Departments of Education and Human Resources and others. The conference addressed the many problems of families—such as child abuse, juvenile delinquency, and teen pregnancy—through presentations on issues such as parenting skills, parent/child communication, and family management.
(Source: J. Autrey, personal communication, January 30, 1992)

CONTACT: The Alabama Council for Parenting and Protecting Children
P. O. Box 230904
Montgomery, AL 36123-0904
(205) 271-5105

California

CONTACT: Dr. Jane Irvine-Henderson
California Department of Education
Interagency Children and Youth Services Division
721 Capitol Mall
Sacramento, CA 95814

The California State Department of Education recently announced funding for local collaborative projects through its Healthy Start program. School districts and county offices of education may receive grants to provide integrated health, mental health, family support, and other services for school children and their families at or near school sites. Healthy Start requires the establishment of new collaborative partnerships among the schools and other public and private agencies, community groups, and parents in order to ensure that all available resources are brought to bear in meeting the needs of children and their families. The ultimate goal of Healthy Start is to produce measurable improvements in outcomes for students in the areas of school attendance and performance, physical and social health indicators, and family functioning.
(Source: J. Irvine-Henderson, personal communication, April 29, 1992)

Connecticut

CONTACT: Paul Vivian
Coordinator
Family Resource Centers
Department of Human Resources
1049 Asylum Avenue
Hartford, CT 06105
(203) 566-8048

In 1988, legislation in Connecticut made possible a $375,000 Family Resource Center demonstration program; funds were increased to $500,000 in 1989. Eight sites are funded and operated by the State Department of Human Resources and public schools in partnership with other community services. Their mission is to "use the schools as the point of access to a *system* of family support and child development services." The centers focus on four areas of prevention: preschool and before- and after-school child care, parent education and training, family day care provider training, and adolescent pregnancy prevention.
(Sources: Melaville & Blank, 1991, p. 43; P. Vivian, personal communication, April 16, 1992)

Florida

CONTACT: Lynn Groves
Director
Office of Interagency Affairs
126 Florida Education Center
325 W. Gaines Street
Tallahassee, FL 32399-0400
(904) 487-8520

Legislation was passed in Florida in 1990 (s. 402.3026, Florida Statutes) which called for collaboration between the Departments of Education and Health and Rehabilitative Services (HRS) to establish "full service schools" throughout the state. (See Appendix E for legislation.) In 1991, several previously independently funded categorical programs were combined to designate $7 million to implement the full service schools legislation. A state-level interagency work group, including representatives from the Departments of Education, HRS, and Labor and Employment Security; Florida State University; and

others, reviewed proposals from around the state and funded 32 school districts and one university-affiliated developmental research school. Approximately 70 schools currently participate in the Full Service Schools program; each project is unique and may include such services as before- and after-school child care, public assistance eligibility determination, medical and mental health care, case management, and in-home intervention. An additional $16 million is available to schools for renovation and construction projects that will enable health services to be provided at schools.

Other activities in Florida relate to interagency collaboration and integrated services. In 1989, the State Coordinating Council for Early Childhood Services was created to ensure collaboration between the Departments of Education and HRS to focus on the needs of children from birth to age five and high-risk pregnant women. One result of the council's work was the transfer of additional funds to Head Start programs in order to reduce the resource discrepancy among Pre-K, Head Start, and subsidized day-care centers. The Supplemental School Health program was created in 1990 in order to provide primary health care and adolescent pregnancy prevention at schools. This program is currently funded at $9 million and is operating in 192 schools. (Source: L. Groves, personal communication, April 24, 1992).

The Florida Health/Education Consortium was established in June 1992 by Florida Governor Lawton Chiles to encourage the involvement of communities and corporations in improving Florida school health services. The consortium, the first of its kind in the nation, is an effort to help bridge the gap between students' health needs and the health services that are available but are not reaching students. The program goal is to garner financial grants from corporations and bring parents, teachers, health-care providers, and business and community leaders together to better meet student health needs. For example, the consortium might pay half the cost of placing a part-time nurse into a school and work with the the local community to raise the remaining needed money. Foundations have already contributed nearly $30,000 to the new program.
(Source: *Martinez*, 1992)

CONTACT: Mary Jane Gallagher
Coordinator
Office of the Governor, PL05
Tallahassee, FL 32399
(904) 222-2262

Georgia

CONTACT: Janet Bittner
Deputy Commissioner
Georgia Department of Human Resources
47 Trinity Avenue
Atlanta, GA 30334
(404) 656-2624
or
Nancy Hall
Special Assistant to the State Superintendent of Schools
Georgia Department of Education
2066 Twin Towers East
Atlanta, GA 30334
(404) 656-2598

After a year of discussion and planning among the Georgia Departments of Education, Human Resources, and Medical Assistance, funding was secured through the Joseph B. Whitehead Foundation of Atlanta to begin the Family Connection program. Fourteen sites around the state were chosen to create "model communities" to address the problems of high-risk children, youth, and families through comprehensive and integrated services. The Family Connection Steering Committee oversees the program and includes representatives from the state departments, the model communities, the Georgia Academy for Children and Youth, and other organizations. This Committee and the Georgia Policy Team for Families and Children are working together to develop new public policies to support collaborative efforts. The fourteen sites have proposed activities including collocated services, comprehensive case management for a targeted number of families, computerized record sharing among agencies, and home visits. The focus of local projects also varies from early childhood services to programs for middle school students and their families to adult education and vocational rehabilitation.
(Source: *The Family Connection*, 1991)

CONTACT: Joe H. Raymond
Executive Director
260 Peachtree Street, NW
Suite 800
Atlanta, GA 30303-1237
(404) 527-7394

The Georgia Academy for Children and Youth Professionals is a private, non-profit, training and consulting organization created and primarily funded by the Robert Woodruff Foundation and the Georgia Department of Human Resources. Its mission is to help Georgia fulfill its goal of providing families and children comprehensive informational and support services. Applying family-centered practices as well as collaborative and interdisciplinary approaches, the Academy designs and delivers competency-based training curricula for private and public organizations that serve children. The Academy uses family-centered practice and family support principles as well as collaborative and interdisciplinary approaches.
(Source: J. Raymond, personal communication, June 25, 1992)

Illinois

Illinois' Ounce of Prevention Fund (OPF) is a public/private collaborative involving the Pittway Corporation Charitable Foundation, the State Department of Children and Family Services, Head Start, the U. S. Department of Public Health, and other national and state funders. The OPF works to enhance community resources to serve youth by recruiting schools, churches, community action groups, and others to the cause of improving services. It also helps remove regulatory barriers to effective interagency collaboration. The Illinois Department of Children and Family Services contracts with the OPF for the Parents Too Soon (PTS) program, which is the largest component of their various projects, and involves collaboration with the Departments of Public Health and Public Aid. PTS is an adolescent pregnancy prevention initiative that has been in existence since 1983. Communities are required to use interagency collaboration when implementing projects using PTS funds.
(Source: H. Beckman, personal communication, May 11, 1992)

CONTACT: Hilda Beckman
PTS Administrator
Department of Children and Family Services
406 E. Monroe Street,
Station 40
Springfield, IL 62701
(217) 785-2570

Kentucky

Kentucky's Integrated Delivery System (KIDS) program was begun in 1988 by the state Department of Education and the Cabinet of Human Resources (which includes the Departments of Social Services, Health, Mental Health, and Employment) to help local agencies create collaborative councils as a first step toward collocating service professionals in schools. Limited funds were provided for travel and secretarial support. Fourteen sites were chosen, and participants have been working toward developing goals and plans of action, creating multi-agency teams to work on family cases, specifying procedures for sharing information and ensuring confidentiality, and training agency staff to collaborate. Seventeen other sites have since joined the project.
(Sources: H. G. Graham, personal communication, May 8, 1992; Melaville & Blank, 1991)

CONTACT: H. Gippy Graham
Kentucky Integrated Delivery System
Department of Education
Capitol Plaza Tower
Frankfort, KY 40601
(502) 564-6117

Mississippi

CONTACT: DREAM, Inc.
(Developing Resources for Education in America)
1935 Lakeland Drive, Suite B
Jackson, MS 39216
(800) 233-7326

Mississippi's Executive Prevention Committee was formed to improve the coordination of prevention/intervention activities in the state. Originally focusing solely on substance abuse prevention, the Committee (whose original members included the State Departments of Mental Health and Education, Highway Safety's Division of Criminal Justice Planning, Jackson State University's Interdisciplinary Drug Studies Program, and DREAM—Developing Resources for Education in America) coordinated the delivery of information and training on substance abuse prevention to public schools and colleges. Over time, the Committee has expanded its focus to address other issues such as HIV and adolescent pregnancy prevention. Efforts have attempted to reduce duplication of services through state-level decision making. Current membership on the committee has expanded to include the Departments of Public Safety, Health, and Housing and Urban Development, the state Attorney General, the Mississippi Bureau of Narcotics, the state Parent/Teacher Association, the Southwest Regional Center for Drug-Free Schools and Communities, and others.
(Sources: J. Milan, personal communication, April 24, 1992; P. White, personal communication, March 10, 1992)

New Jersey

CONTACT: Roberta Knowlton
New Jersey School-Based Youth Services Program
Department of Human Services
CN 700
Trenton, NJ 08625
(609) 292-7816

The New Jersey State Department of Human Services operates the $6 million School-Based Youth Services Program in collaboration with State Departments of Education, Health, and Labor. The program funds 29 collaborative services projects around the state. Focusing on youth ages 13 to 19, the projects are required to provide employment, mental and physical health, and family counseling services at one location, but local sites can design their projects to meet community needs. All sites are located at or near schools, but over half are directed by non-school agencies such as hospitals or city human resources departments. Many sites offer family planning, child care, and transportation to the site in addition to the required services. Another $500,000 has been earmarked for an elementary-level demonstration project.
(Sources: Cohen, 1989b; Melaville & Blank, 1991)

New York

The primary goal of New York's Community Schools Program (administered by the State Education Department) is to improve student outcomes by providing students and their families with a comprehensive set of education, health, nutritional, and other services at schools. Other objectives of the Program include creating a school climate that is responsive to students and their families, providing an enriched program of instruction, designing organizational structures that will develop collegial working relationships within schools and among participating agencies, and bringing about school reform and community renewal through new linkages and collaborative relationships with parents, the public, and the private sector. During the first four years of operation, the program has grown from four to 36 schools that are in the implementation and institutionalization phases and eight additional schools that are in the planning phase. Nineteen schools are in the New York City metropolitan area and 17 operate upstate. Approximately 28,000 children, the majority of whom are in prekindergarten through sixth grades, are currently being served.

(Sources: S. Dulberg, personal communication, April 23, 1992; Levy & Copple, 1989, p. 11)

CONTACT: Dr. Lester W. Young, Jr.
Office of School and Community Services
Room 477
Education Building Annex
Albany, NY 12234
(518) 474-4715

North Carolina

In April 1992, North Carolina sponsored its second annual statewide conference—with the theme "It Takes a Whole Village to Raise a Child"—through the Division of Student Services in the State Department of Public Instruction. At this working conference, participants were encouraged to "develop an understanding of a systems approach to serving all children, strategies for serving hard-to-reach children, and the need for removing barriers between schools and communities." Participants, who represented education, health, mental health, justice, social services, child abuse prevention, businesses, parent groups, and others were divided into work groups according to the communities in which they lived. Through these working sessions and presentations, conference participants learned about conducting needs assessments, sharing information, and building collaborative relationships and planned to continue collaborative activities when they returned to their communities.

(Sources: J. Colbert, personal communication, April 23, 1992; Division of Student Services, 1992)

CONTACT: Jackie Colbert
Conference Chairperson
Division of Student Services
North Carolina Department of Public Instruction
116 W. Edenton Street
Raleigh, NC 27603-1712
(919) 733-0100

South Carolina

CONTACT:

Larry Fernandez
Bureau Chief
Bureau of Interagency
Planning & Coordination
1801 Main Street
Columbia, SC 29201
(803) 253-6177

South Carolina has created a number of state-level interagency committees to improve services for children and families state-wide. The Human Services Coordinating Council includes representatives from the Commissions on Aging, the Blind, and Alcohol and Drug Abuse; the Departments of Education, Health and Environmental Control, Youth Services, Veterans' Affairs, Mental Health, Mental Retardation, Social Services, and Vocational Rehabilitation; and the State Health and Human Services Finance Commission. Ongoing activities of the Coordinating Council include overseeing efforts to integrate services information among state agencies, reviewing and approving requests for funding of collaborative projects, and developing standards for case management.

Tippy Craig
Council Director
1205 Pendleton Street
Room 336
Columbia, SC 29201
(803) 734-0464

Housed in the Governor's Office is the State Council on Maternal, Infant, and Child Health, which also comprises representatives from a variety of state agencies, plus legislators, health care professionals, and members of parent organizations. This council is developing and implementing a three-year coordinated service plan focusing on such areas of concern as insufficient prenatal care, very low birth weight infants, child abuse and neglect, and inadequate immunization levels.

Stephon Edwards
Director
Office of Regional Services
South Carolina Department
of Education
1429 Senate Street
Room 1100
Columbia, SC 29201
(803) 734-8563

In addition, South Carolina has created a state-level Office of Regional Services (ORS) to coordinate efforts of public and private human service providers. ORS has overseen the creation of Total Quality Education Coordinating Councils at the regional, local, and community levels, which will develop strategic plans for meeting the six National Education Goals as well as state goals. The Coordinating Council members represent business, education, health, social services, government, economic development boards, school improvement councils, PTAs, civic organizations, churches, universities, and technical colleges. These regional councils will discuss areas of concern which must be addressed in order to meet the education goals; their focus may range from reducing teen pregnancy to improving students' science skills. ORS will then work with groups, schools, and communities to select the appropriate services and programs for their identified needs.
(Source: S. Edwards, personal communication, January 30, 1992)

National and Private Organizations

Additionally, a number of national-level initiatives exist which support collaborative service activities. Many organizations around the nation are forming or redirecting their efforts to focus on collaboration; the following list is not intended to be exhaustive. (Some of these organizations require payment for assistance or materials and their inclusion in this document does not represent an endorsement by SERVE.)

The Institute for Educational Leadership

The Institute for Educational Leadership (IEL) is a not-for-profit organization whose mission is to improve educational opportunities and results for children and youth by developing leadership skills and supporting leaders who work together. Providing leadership development and convening individuals and organizations from different sectors and perspectives are the cornerstones of IEL's work. In addition to the Collaborative Leaders Program *(described in Section Two)*, collaboration is a major emphasis in other IEL leadership programs focused on elected and appointed officials, neighborhood and community leaders, mid-level professionals, and business and civic leaders. The Education and Human Services Consortium and the National Health/Education Consortium described below are examples of IEL's convening activities. (Source: M. Blank, personal communication, April 27, 1992)

For more information about IEL programs and other activities, contact:

Michael Usdan
President
Institute for Educational Leadership
1001 Connecticut Ave., NW, Suite 310
Washington, DC 20036
(202) 822-8405

The Education and Human Services Consortium

The Education and Human Services Consortium is a loosely-knit group of national professional organizations, advocacy groups, and social policy and research centers. These diverse groups are united by their shared commitment to create a more responsive system of education and human services for children and families. The Consortium develops and distributes resources that members believe contribute to collaborative efforts on behalf of improved policy and practice. In fostering dialogue and constructive action among state and local policymakers, administrators, and practitioners, Consortium members—and other groups that may choose to join—participate in close professional collaborations that can lead to genuine systems change.
(Source: M. Blank, personal communication, April 27, 1992)

For information about the Consortium and its publications, contact:

Martin J. Blank
Senior Associate
or
the Publications Department
Institute for Educational Leadership
1001 Connecticut Ave., NW, Suite 301
Washington, DC 20036
(202) 822-8405

For more information, contact:

Michael Usdan
President
Institute for Educational Leadership
1001 Connecticut Ave., NW, Suite 310
Washington, DC 20036
(202) 822-8405
or
Rae Grad
Executive Director
National Commission to Prevent Infant Mortality
Switzer Building, Room 2014
330 C Street, SW
Washington, DC 20201
(202) 472-1364

For more information about the Study Group, contact:

Publications Department
Institute for Educational Leadership
1001 Connecticut Ave., NW, Suite 301
Washington, DC 20036
(202) 822-8405

To order the guidebook when it is available, contact:

Clearinghouse for Service Integration
154 Haven Avenue
New York, NY 10030
(212) 927-8793

To order *One Stop Shopping* or to learn more about the Commission's activities, contact:

Rae Grad
Executive Director
National Commission to Prevent
Infant Mortality
Switzer Building, Room 2014
330 C Street, SW
Washington, DC 20201
(202) 472-1364

The National Health/Education Consortium

The National Health/Education Consortium addresses the connection between children's health and their ability to learn by bringing together over fifty health and education organizations to assist in the effort to integrate services in these areas. Activities of the Consortium include identifying and publicizing model collaborative initiatives, fostering communication among these professions through conferences and presentations, publishing a series of papers on issues related to health/education collaboration, and developing strategies for influencing public policy.
(Source: M. Blank, personal communication, April 27, 1992)

Study Group on School-Linked Integrated Services

Sponsored by the U. S. Departments of Education and Health and Human Services, the Study Group on School-Linked Integrated Services is comprised of 25 education and human services practitioners, administrators, policymakers, researchers, and experts from across the country. Its main goal is to develop a guidebook for state and local practitioners and policymakers on integrating community services. This book will highlight the development, delivery, and evaluation of comprehensive, integrated, family-focused, and community-based services in which schools are significant partners; it will be available in the fall of 1992.

National Commission to Prevent Infant Mortality

Established by Congress in 1987, the National Commission to Prevent Infant Mortality focuses on strategies to reduce infant mortality and morbidity. The Commission's efforts have recently turned to collaborative strategies. It helped develop the National Health/Education Consortium (in conjunction with IEL) and published *One-Stop Shopping: The Road to Healthy Mothers and Children* (1991), in which the Commission argues for the coordinated provision of reproductive health services, Medicaid eligibility determination, and parenting skills information. Florida Governor Lawton Chiles serves as Chairman of the Commission, and its members include representatives from congress, universities, and health and human service government agencies.
(Sources: B. Leath, personal communication, April 24, 1992; *One Stop Shopping*, 1991)

Council of Chief State School Officers

To encourage a "team effort" by state agencies, businesses, communities, schools, and parents in addressing the problems of children at risk, the Council of Chief State School Officers (CCSSO) has awarded grants for interagency collaboration to 11 state education agencies (Cohen, 1989a, p. 11). CCSSO's current president, Werner Rogers of Georgia, has made the promotion of collaborative efforts his primary goal and has encouraged each state to develop state-level interagency support programs and incentives. In addition, CCSSO plans to work for changes in policies and funding sources at the federal level.
(Source: CCSSO, 1992)

For more information, contact:

Paula Delo
Director of Information
Council of Chief State School Officers
1 Massachusetts Avenue, NW, Suite 700
Washington, DC 20001-1431
(202) 408-5505

The Family Resource Coalition

The Family Resource Coalition represents over 2,500 community-based family resource programs in the United States and Canada. Such programs include integrated service centers, parent education programs, and self-help groups for families with problems. The Coalition's activities include seeking federal legislation and funding to support programs for families and children, providing information about family resources through publications and conferences, and providing technical assistance, training, and networking for people who are initiating or continuing family resource programs.
(Source: *Introduction to the Family Resource Coalition*, 1991)

To inquire about membership or publications, contact:

Adrienne Coffey
Family Resource Coalition
200 South Michigan Avenue, Suite 1520
Chicago, IL 60604
(312) 341-0900

Cities In Schools

Cities In Schools, Inc., (CIS) is a non-profit dropout prevention program, in operation since 1977, which helps communities integrate services for at-risk children and youth. In order to receive this help, a community must bring together government leaders, school officials, church representatives, social service providers, and private businesses to listen to a presentation on CIS and decide if they would like to develop a CIS program in their community. Representatives from CIS—at the national or state level—help this group conduct a needs assessment and create a program for their community that will coordinate services to reduce the dropout rate. A local CIS program is considered "operational" when it has established a board of directors, a locally-funded management team, and a CIS project serving students in at least one school.

continued . . .

To find out about CIS programs in your area, or to schedule a visit from a CIS representative, contact:

National—Sarah DeCamp
Director
Public Affairs
Cities In Schools, Inc.
401 Wythe Street, Suite 200
Alexandria, VA 22314-1963
(703) 519-8999

Florida—Lois L. Gracey, State Director, Cities In Schools of Florida, Inc., 11211 Prosperity Farms Road, Suite C301, Palm Beach Gardens, FL 33410-3346 (407) 622-9913

Georgia—Neil Shorthouse, State Director, Cities In Schools, Georgia, Inc., 1252 Peachtree Street, NE, Room 430, Atlanta, GA 30309 (404) 888-5784

North Carolina—Linda Hyler, State Director, Cities In Schools of North Carolina, Inc., 4000 West Chase Boulevard, Suite 170, Raleigh, NC (919) 832-2700

South Carolina—Martha Gale, State Program Developer, South Carolina Cities In Schools, 1200 Catawba Street, P. O. Box 8884, Columbia, SC 29202 (803) 254-9727

Cities in Schools, continued . . .

The national CIS organization is a public/private partnership supported by a variety of private businesses, foundations, and individuals as well as an interagency grant from the U.S. Departments of Justice, Labor, Health and Human Services, and Commerce. Funding for community-based CIS programs comes from local businesses and service agencies. CIS boasts coordinated services in 64 communities at 384 sites serving over 36,000 children and their families. In 1989, CIS founded a training institute, called the National Center for Partnership Development (NCPD), to coordinate community requests for training; the NCPD is a collaboration between CIS and Lehigh University's College of Education and its Iacocca Institute.

(Sources: *Building Partnerships*, 1990, p. 2; G. Ippolito, personal communication, May 12, 1992)

For more information about establishing or contacting a PSP center, contact:

Ethel Seiderman
Executive Director
Parent Services Project, Inc.
199 Porteous Avenue
Fairfax, CA 94930
(415) 454-1811

Parent Services Project

The Parent Services Project (PSP) is a family support model which is replicated through a coordinated network of early childhood and child care programs in Florida, Georgia, and California. PSP focuses on helping parents meet their own needs by allowing them to choose the services and activities that are relevant to their situations and which take into account their cultural identity and unique interests. PSP centers provide sick child care, parenting skills and mental health workshops, access to health care and other human services, job training and referrals, and social gatherings for adults and families. Studies have found that PSP centers save states an average of $415 per family per year, lower parent stress, and are effective in preventing family violence and dysfunction. PSP also serves as an advocate on behalf of parents and child care programs in each state. Child-care centers that are interested in incorporating the Parent Services Project are provided with training, curriculum materials, and follow-up consultations.

(Source: *Parent Services Project*, 1991; E. Seiderman, personal communication, May 12, 1992)

Support Center for School-Based Clinics

The Support Center for School-Based Clinics provides technical assistance to communities that plan to create a health/social service clinic at a school. The Center has written a detailed implementation guide and can provide information about other successful, school-based clinics through its *Annual Update*—the results of a survey of existing clinics on what they do and how they work. The Center also hosts national conferences on school-based services for administrators, service providers, and advocates of school-based clinics.

For more information or to order publications, contact:

Support Center for School-Based Clinics
Center for Population Options
1025 Vermont Avenue, Suite 210
Washington, DC 20005
(202) 347-5700

Even Start

The U. S. Department of Education's Even Start grant program is designed to improve educational opportunities of young children and their parents by integrating early childhood and adult education into a unified program. Proposed Even Start programs must build on existing resources in the community to create a more comprehensive approach to serving families. Funding for 1992-1993 was appropriated at $70 million. Currently, 240 Even Start programs are operating and are located in every state, the District of Columbia, and Puerto Rico.

For additional information on the program, contact the national office: Patricia McKee or Letitia Rennings, Even Start Program Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-6132 (202) 401-1692
(Source: L. Rennings, personal communication, April 29, 1992)

For more information about applying for an Even Start grant in the Southeast, contact your state department of education:

Alabama—Zoe Hannahs, Alabama DOE, Gordon Persons Building, 50 North Ripley Street, Montgomery, AL 36130-3901 (205) 242-8199

Florida—Robert Connors, 644 Florida Education Center, Florida DOE, 325 W. Gaines Street, Tallahassee, FL 32399-0400 (904) 488-2601

Georgia—Mary Murphy, Georgia DOE, 2054 Twin Towers East, Suite 1962, Atlanta, GA. 30334 (404) 656-0476

Mississippi—Milton D. Matthews, Division of Compensatory Education, Mississippi DOE, P.O. Box 771, Jackson, MS 39205 (601) 359-3778

North Carolina—Robert J. Marley, Compensatory Education Section, State Department of Public Instruction, 116 West Edenton Street, Raleigh, NC 27603-1712 (919) 733-7665

South Carolina—Dalton L. Ward, South Carolina DOE, Division of Community Education, Rutledge Office Building, 1429 Senate Street, Columbia, SC 29201 (803) 734-8405

SERVEing Young Children

For more information about SERVEing Young Children, contact:

Nancy Livesay
Program Coordinator
SERVEing Young Children
345 South Magnolia Drive, Suite D-23
Tallahassee, FL 32301-2950
(800) 352-6001

In an effort to provide better integration and continuity of services to young children and their families, the U. S. Departments of Education and Health and Human Services have agreed to co-fund a number of collaborative programs. One of these programs focuses on goal one of the national education goals: "By the year 2000, all children in America will start school ready to learn." It is tied to the efforts of the ten regional educational laboratories and focuses on improving the transition of children from early childhood education programs to elementary school by coordinating the activities of a variety of service and educational agencies, community groups, private care providers, and others. The SouthEastern Regional Vision for Education (SERVE) has developed the SERVEing Young Children Program which seeks to enhance collaboration and communication among early childhood stakeholders. SERVEing Young Children helps plan and publicize a national symposium on improving preschool-to-school transitions; sponsors a related regional symposium to address early childhood issues and share ideas; and works with small groups of service providers to improve collaboration. SERVEing Young Children also produces and disseminates information about improving educational and service linkages for children: a Sharing Success program identifies and helps promote replications of successful collaborative programs for young children, a *Hot Topics* publication discusses business-family-school relationships, and research briefs highlight current information on early childhood issues.

For more information about the national initiative and programs at other regional laboratories, contact:

Charles Stalford
Regional Educational Laboratory Program
Office of Educational Research
and Improvement
U. S. Department of Education
555 New Jersey Avenue, NW
Room 502
Washington, DC 20208-5644
(202) 219-2126

Head Start/Public School Early Childhood Transition Demonstration Projects

For more information about existing projects or future funding, contact:

Michele Plutro
Department of Health and Human Services
Administration for Children and Families
Head Start Bureau
P. O. Box 1182
Washington, DC 20013
(202) 245-1912

The Head Start/Public School Early Childhood Transition Demonstrations focus on collaboration between Head Start centers and public schools. Grantees receive up to $650,000 per year for three years. The projects provide comprehensive services in the early elementary grades to Head Start children in the hopes of demonstrating that such continuous service enhances the benefits attained through Head Start. The projects encourage active involvement of parents while providing health, mental health, nutrition, parenting education, literacy, and social services for families through collaboration with other agencies. Four new demonstration sites are located in Athens, Georgia; Miami, Florida; Chapel Hill, North Carolina; and Birmingham, Alabama.
(Source: M. Plutro, personal communication, March 16, 1992)

The Annie E. Casey Foundation
New Futures Initiative

In 1988, the Annie E. Casey Foundation created the New Futures Initiative which awarded five-year grants of $1-2.5 million annually to four cities: Little Rock, Arkansas; Savannah, Georgia; Dayton, Ohio; and Pittsburgh, Pennsylvania. The purpose of New Futures is to reduce school dropouts, teenage pregnancies, and youth unemployment through a coordinated effort of community members and institutions. Each city is required to include four components in its plan: 1) a community collaborative council (called an "oversight collaborative") representing all facets of the community that can, over time, change the way institutions work together and deliver services to youth; 2) case managers who counsel individual youth, coordinate services, and act as liaisons between youth and the oversight collaborative; 3) integrated services related to education, health, and employment; and 4) a management information system to track the progress of youth over time and which can be used to improve strategies for institutional change. The following is a brief description of the New Futures initiative in Savannah, Georgia.

Savannah, Georgia's oversight collaborative—the Chatham (County)-Savannah Youth Futures Authority—focused its early efforts on at-risk middle and high school students. Among other activities, it created an adolescent health clinic, self-paced learning labs that have enabled 980 children to regain one or more grades, an after-school and Saturday program at local churches which enhances youth's self-esteem and encourages improved parent/child relationships, and a business-school partnership to improve the employment opportunities of high school graduates. Recognizing that the problems of at-risk youth begin even before birth, the Youth Futures Authority has redirected some of its recent efforts to focus on prenatal care and the education and care of young children.
(Sources: *Chatham-Savannah*, 1991; *New Futures*, 1989)

For more information about Savannah's current activities, contact:

Dr. Otis Johnson
Executive Director
Youth Futures Authority
128 Habersham Street
Savannah, GA 31404
(912) 651-6810

Comprehensive Child Development Program

For information about applying for this grant, contact:

Allen Smith
Project Manager
Comprehensive Child Development Program
Department of Health and Human Services
Head Start Bureau
Administration on Children, Youth, and Families
P. O. Box 1182
Washington, DC 20013
(202) 245-0566

The Comprehensive Child Development Act (P.L. 100-297) authorized funding for innovative programs which provide intensive, continuous services and support to low-income families. The Act requires that infants and preschool children receive health care, licensed child care and early childhood education, early intervention if at risk of developmental delay, and nutrition services. Their parents are provided prenatal care; parenting, child development, nutrition, and health education; and assistance in obtaining income support, health and mental health care, housing, vocational and adult education, and substance abuse treatment. Comprehensive Child Development Programs must also provide transportation for participants. Collaboration with organizations throughout the community is encouraged. The annual appropriations for FY 1992 was increased to $45 million with the request that additional grantees be funded.
(Source: Hubbell et al., 1991)

SECTION IV

RESOURCES

This section includes descriptions of a number of publications that may be helpful to collaborators as they move through the stages of initiating, developing, and implementing a family service center or other type of collaborative project. An extensive bibliography of related publications that was provided by the Institute for Educational Leadership is also included.

RESOURCES

Appalachia Educational Laboratory. (1991). Family Resource/ Youth Services Centers [Special issue]. *Notes from the field: Education reform in rural Kentucky, 1*(3).

This issue of *Notes from the Field* discusses research findings from visits to family service centers in three counties in Kentucky. "Profile sheets" on each center include information about funding, programs, family eligibility, and the impact of the center on the families and communities. This issue will be helpful to those who would like to see how a few existing centers are organized.

AVAILABLE FROM:

Appalachia Educational Laboratory
P. O. Box 1348
Charleston, WV 25325
(800) 624-9120

Blank, M. J., & Lombardi, J. (1992). *Towards improved services for children and families: Forging new relationships through collaboration* Washington, D. C.: Institute for Educational Leadership.

This brief report summarizes information gleaned from The Eighth Annual Symposium of the A.L. Mailman Family Foundation. It discusses six essential ingredients for improving services: 1) a climate for change, 2) leadership, 3) flexibility and adequate resources, 4) problem-solving structures and process, 5) supportive relationships, and 6) demonstrated results. These ingredients are illustrated with information about collaborative activities in Florida, Maryland, and Missouri. The report concludes with suggestions for creating working relationships among service agency representatives.

Institute for Educational Leadership
1001 Connecticut Avenue, NW
Washington, DC 20036-5541
(202) 822-8405 ($3.00 prepaid)

Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.* Washington, D. C.: Education and Human Services Consortium.

One in a series of publications from the Education and Human Services Consortium, this document is intended for state and local policymakers, but may provide valuable information to practitioners in a collaborative activity as well. The questions which the author addresses include: "What problems is collaboration designed to solve?," "How do we know if collaboration is happening and if it is working?," "What strategies can state policymakers initiate to further collaboration at the local level?," and "What are the risks in collaboration?" Bruner also discusses the possible roles of the private sector in promoting collaboration.

Institute for Educational Leadership
1001 Connecticut Avenue, NW
Washington, DC 20036-5541
(202) 822-8405 ($3.00 prepaid)

AVAILABLE FROM:

Clearinghouse/Information Center
Bureau of Education for Exceptional Students
Division of Public Schools
Florida Department of Education
325 W. Gaines Street
Tallahassee, FL 32399-0400
(904) 488-1879

Bureau of Education for Exceptional Students. (1990). *Building interagency councils*. Tallahassee: Florida Department of Education

The nature of working in groups is discussed in this book, which was written to assist collaborative councils seeking better services for handicapped preschoolers and their families. Its discussions on leadership, problem solving, adapting to change, and conducting effective meetings will be helpful to any service agency collaboration. Of particular interest to new councils is Chapter Two which highlights important group skills and suggests strategies for dealing with "problem" council members such as the "compulsive talker," the "hostile member," and the "it-won't-work member."

Clearinghouse/Information Center
Bureau of Education for Exceptional Students
Division of Public Schools
Florida Department of Education
325 W. Gaines Street
Tallahassee, FL 32399-0400
(904) 488-1879

Bureau of Education for Exceptional Students. (1991). *School-related services and Medicaid: A Florida handbook*. Tallahassee: Florida Department of Education

While some of the information in this book will pertain only to situations and regulations in Florida, much of it will help any collaborative understand Medicaid billing options, eligibility and parental permission issues, and the management of Medicaid in an interagency initiative. Especially useful is an appendix on informing and gaining permission from parents to bill Medicaid or private health insurance for health services provided in school.

Leon County Shared Service Network
1950 West Tennessee Street
Tallahassee, FL 32304
(904) 487-4319

Bureau of Education for Exceptional Students. (1991). *Working smarter in a shared service network: A resource and planning guide*. Tallahassee: Florida Department of Education

This document describes the experiences of a collaborative council (Leon County's Shared Service Network) in creating a family service center (Riley Shared Service Center). It is intended as a guide for other communities that would like to undertake a similar approach to providing collaborative services. The guide discusses the processes of developing a shared service network, conducting a needs assessment (called a "stakeholder analysis"), geographically mapping the community to determine areas of greatest service need, developing the center, and sharing costs among agencies. The details are specific to Leon County and the Riley Shared Service Center, but others may find this community's "story" helpful.

Clark, T. A. (1991). *Collaboration to build competence: The urban superintendents' perspective*. Washington, D. C.: U.S. Department of Education, Office of Educational Research and Improvement.

This handbook provides brief discussions and suggestions on dealing with issues related to collaboration, such as building on existing partnerships, involving businesses and community members, and identifying outcomes. It also discusses the benefits of collaboration and keys to successful collaborative relationships. Much of this information is provided in an outline format that collaborators may find helpful in preparing a presentation or making transparencies. Also included are descriptions of collaborative activities around the country and people to contact for more information.

AVAILABLE FROM:

U. S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328

Confidentiality and collaboration: Information sharing in interagency efforts. (1992). Denver, CO: Education Commission of the States.

Produced through a joint effort of Joining Forces, the American Public Welfare Association, the Center for Law and Social Policy, the Council of Chief State School Officers, and the Education Commission of the States, this book provides practical suggestions for sharing information across agencies and dealing with confidentiality mandates. The authors discuss legal and non-legal barriers, the use of release forms and parental consent, protection of confidentiality, the use of information at an aggregate level, the legislature's role, and issues related to computerized information sharing. Appendices include sample forms and key federal statutes concerning confidentiality. This book would be of value to any collaborative council that wishes to share information about families in order to improve services.

Education Commission of the States
Distribution Center
707 17th Street, Suite 2700
Denver, CO 80202-3427
(303) 299-3692 ($6.00 prepaid plus $2.50 postage and handling; cite order No. AR-92-1)

Coordinating federal assistance programs for the economically disadvantaged: Recommendations and background materials (Special Report No. 31). (1991). Washington, D. C.: National Commission for Employment Policy.

This report includes valuable information for both policymakers and service providers. Policymakers may be interested in the main body of the document, which details why and how to institute service system reform at the state or federal level. Also included is a discussion on streamlining eligibility criteria. The extensive Appendix A provides clear descriptions of the major federal programs for the economically disadvantaged, including AFDC,

National Commission for Employment Policy
1522 K Street, NW, Suite 300
Washington, DC 20005
(202) 724-1545

Medicaid, the Food Stamp program, Head Start, and the Job Training Partnership Act programs. Service providers who are entering into collaborative relationships with other agencies may find this overview helpful in understanding the programs their colleagues operate and identifying sources of additional financial support.

AVAILABLE FROM:

Institute for Educational Leadership
1001 Connecticut Avenue, NW
Washington, DC 20036-5541
(202) 822-8405 ($3.00 prepaid)

Edelman, P. B., & Radin, B. A. (1991). *Serving children and families effectively: How the past can help chart the future.* Washington, D. C.: Education and Human Services Consortium.

One in a series of publications from the Education and Human Services Consortium, this document looks at human service delivery activities of the 1960s and 1970s and relates it to current plans and practices. Of particular practical interest are the "lessons" that the authors derive from their study, including the "importance of modesty and humility," the "need for diversity and collaboration," and the "need to build synergy." Also included is a "Commentary" from Sidney L. Gardner, who expands on the lesson concept to offer nine more of his own which speak to service deliverers as well as policymakers.

Office of Interagency Affairs
126 Florida Education Center
Florida Department of Education
325 W. Gaines Street
Tallahassee, FL 32399-0400
(904) 487-8520

Full Service Schools Workgroup (1992). *Cooperative agreements: Guidelines and samples under the concept of full service schools.* Tallahassee: Florida Department of Education.

Communities or school districts developing joint agreements between various service agencies will find this document helpful. After giving brief guidelines for inter- and intra-agency agreements, the document provides examples of cooperative agreements in Florida counties that are implementing full service schools. These agreements discuss the responsibilities of each party involved in the project such as the services that will be offered; materials, facilities, and personnel that will be provided; duties of various staff; and record-keeping and confidentiality expectations. While each community will need to design its own joint agreement, the agreements in this document may serve as useful models.

Full Service Schools Work Group (1992). *Interagency staff integration under the full service school concept: A guideline paper*. Tallahassee: Florida Department of Education.

While written specifically for Florida school districts that are implementing full-service schools, this paper provides practical suggestions for any local collaborative effort on how to share staff among agencies. It gives a background of the full service school concept and discusses the major issues involved in locating staff from other agencies at a school, including sharing supervision and funding staff positions. Also included is a sample cooperative agreement to share services between one Florida school district and the Department of Health and Rehabilitative Services.

AVAILABLE FROM:

Office of Interagency Affairs
126 Florida Education Center
Florida Department of Education
325 W. Gaines Street
Tallahassee, FL 32399-0400
(904) 487-8520

Herman, J. L., Morris, L. L., & Fitz-Gibbon, C. T. (1987). *Evaluator's Handbook*. Newbury Park, CA: SAGE.

This handbook provides step-by-step guidance in the evaluation of programs. It describes the purpose and framework for a typical evaluation in terms of formative (how well do the interconnected pieces of the program work together?) and summative (how effective is the program?) evaluation strategies. The *Handbook* provides clear instructions and checklists for conducting evaluations by discussing how to choose appropriate evaluation methods, collect and analyze data, and write a report. Collaborators may find this book extremely helpful if they must conduct evaluations themselves.

SAGE Publications
2111 W. Hillcrest Drive
Newbury Park, CA 91320
(805) 499-0721

Melaville, A. I., & Blank, M. J. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services*. Washington, D.C.: Education and Human Services Consortium.

One in a series of publications from the Education and Human Services Consortium, this document explores the need for collaborative services, the difference between cooperation and collaboration in relation to system-oriented and service-oriented approaches, and the dynamics of collaborative relationships. It also includes advice for taking action to provide collaborative services. Examples of various collaborative projects and supportive organizations are described throughout the document and explained in more detail in the appendices.

Institute for Educational Leadership
1001 Connecticut Avenue, NW
Washington, DC 20036-5541
(202) 822-8405 ($3.00 prepaid)

AVAILABLE FROM:

Realizing America's Hope
South Carolina ETV
P. O. Drawer L
Columbia, SC 29250
(800) 277-0829

Realizing America's Hope.

A combination of video and print materials, *Realizing America's Hope* is "a comprehensive initiative to help America respond to the challenges facing its youth." Demonstrating collaboration itself, this project was funded by the Charles Stewart Mott Foundation, the General Motors Corporation, the Lilly Endowment, Inc., and the Metropolitan Life Foundation and was produced and written by South Carolina ETV, Public Affairs Television, the Education Commission of the States, and others. The video productions include two documentaries and four teleconferences; two of the productions are hosted by Bill Moyers. Of particular interest to collaborators is *Investing in Our Youth: A Nationwide Committee of the Whole,* which is a two-hour teleconference demonstrating how collaborative strategies are cost-effective while serving families better. The three publications are all related to collaboration and include 1) *Let's Do It Our Way: Working Together for Educational Excellence*, 2) *Changing Delivery Systems: Addressing the Fragmentation of Children and Youth Services*, and 3) *Guiding Youth to Success: What Schools and Communities Can Do.* These books include step-by-step guidelines for creating collaboratives in schools and suggestions for improving youth services by stretching limited funds.

ERIC Document Reproduction Service
No. ED 318 929

Robinson, E. R., & Mastny, A. Y. (1989). *Linking schools and community services: A practical guide.* Newark, NJ: Rutgers School of Social Work, Center for Community Education.

This handbook was written to assist service agency practitioners and administrators in developing collaborative services for children and families. It includes practical information on the role of the facilitator and the role of schools, on creating partnerships and collaborative councils, and on conducting needs assessments and taking action on the results. Also included are tips for dealing with confidentiality and funding constraints. The appendices include sample invitational letters to agencies and administrators.

Robison, S. D. (1990). *Putting the pieces together: Survey of state systems for children in crisis.* Denver, CO: National Conference of State Legislatures.

Describing the results of a nationwide survey of state-level service agencies, this report was written to inform policymakers of the current—and often unnecessarily complicated—status of service delivery in the country and to point out "promising opportunities" to improve service delivery systems. Of particular interest to policymakers is the fifth section on "Creating More Coordinated Systems: Issues for Legislators." This report also includes information for local-level agencies and for collaborative councils needing more information about the structures of various agencies. It includes appendices that clarify each state's approach to delivering certain services.

AVAILABLE FROM:

National Conference of State Legislatures
Denver Office, 1050 17th Street, Suite 2100
Denver, CO 80265
(303) 623-7800

School advisory councils seminar: How to get everyone on board the same train . . . On the same track . . . Going in the same direction. (1990). Charleston, WV: West Virginia Association of School Administrators and Appalachia Educational Laboratory.

This workshop guide may be helpful to community collaborative councils that are just getting started. It includes activities, handouts, and transparency masters to help participants clarify the purpose of an advisory council, express their concerns about participating, explore characteristics of effective councils, and prepare to deal with difficult personal and professional issues.

Appalachia Educational Laboratory
P. O. Box 1348
Charleston, WV 25325
(800) 624-9120
(cite order no. AL-291-SE, 50 pages, $9.50 prepaid)

School-linked services [Special issue]. (1992). *The Future of Children, 2*(1).

A compilation of ten articles about school-linked services, this issue discusses the history of integrated services, the current system of service delivery, finance and evaluation issues, the role of school administration and staff, plans at the federal level to encourage school-linked services, and problems with the practice of locating services at schools. The information in each article is research-based and will provide collaborators with insight and perceptions on the possibilities for and barriers to integrated service delivery at schools.

The David and Lucile Packard Foundation
300 Second Street, Suite 102
Los Altos, CA 94022

AVAILABLE FROM:

Capitol Publications
P.O. Box 1453
Alexandria, VA 22313-2053
(800) 327-7203

PUBLICATIONS ON GRANTS

Capitol Publications, Incorporated, offers the following books and newsletters that may be helpful to collaborative groups that are seeking grants from government, foundational, or corporate sources.

Special Grants Reports

- *The Education Grantseeker's Directory: A Guide to Federal Funding Officers, Resources and Consultants.*
- *The grantseeker's guide to project evaluation*
- *Education Grantwinners: Models for Effective proposal Structure and Style*
- *The Education Grantseeker's Guide to Foundation and Corporate Funding*
- *Models for Success: A Look at Grant-Winning Proposals*
- *Making the Grant process work: A Collection of Federal Administration Guidelines*

Grants Newsletters

- *The Catalog of Federal Education Grants*
- *Foundation and Corporate Grants Alert*
- *Education Grants Alert*
- *Federal Grants and Contracts Weekly*

The following bibliography is adapted with permission from the Institute for Educational Leadership.

DEVELOPING COLLABORATIVE LEADERS
A Selective Bibliography of Resources
Prepared by the Institute for Educational Leadership

A Work in Progress

The Institute for Educational Leadership (IEL) is preparing the following bibliography as a resource for leaders who are bringing together agency staff and community members to create new systems and strategies for the empowerment of children and families. The bibliography is a work in progress, and IEL encourages individuals and organizations to share other resources that might be included.

IEL is grateful to the Danforth Foundation, the Mott Foundation, the DeWitt-Wallace Reader's Digest Fund, and the U.S. Department of Health and Human Services for their support in the preparation of this document and in IEL's other ongoing efforts related to collaboration.

For further information, contact:
Martin J. Blank, Senior Associate or Wendy Russell, Program Coordinator, Institute for Educational Leadership, 1001 Connecticut Avenue, N.W., Suite 310, Washington, DC 20036 (202) 822-8405.

I. Collaboration Overview

Axelrod, Robert. (1984). *The Evolution of Cooperation.* New York: Basic Books.

Beyond the Schools: How Schools & Communities Must Collaborate To Solve The Problems Facing America's Youth. (1991). Arlington, VA: American Association of School Administrators. (Available from American Association of School Administrators, 1801 Moore Street, Arlington, VA 22209 (703) 528-0700, $2.50, 28 pages)

Blank, Martin J., & Lombardi, Joan. (1992). *Toward Improved Services for Children and Families: Forging New Relationships through Collaboration* (Policy Brief based on the Eighth Annual Symposium of the A.L. Mailman Family Foundation). Washington, DC: Institute for Educational Leadership. (Available from IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036 (202) 822-8405, $4.50, 13 pages)

Blank, Martin J., & Melaville, Atelia I. (1991). *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.* Washington, DC: Education and Human Services Consortium. (Available from IEL, 1001 Connecticut Avenue, NW, Washington, DC 20036 (202) 822-8405, $3.00, 36 pages)

Bruner, Charles. (1991). *Thinking Collaboratively: Questions and Answers to Help Policy Makers Improve Children Services.* Washington, DC: Education and Human Services Consortium. (Available from IEL, 1001 Connecticut Avenue NW, Washington, DC 20036 (202) 822-8405, $3.00, 26 pages)

Chang, Hedy Nai-Lin, Gardner, Sidney L., Watahara, Alan, Brown, Carnella Gordon, & Robles, Rowena. (1991). *Fighting Fragmentation: Collaborative Efforts To Serve Children and Families in California's Counties.* University of California at Berkeley: California Tomorrow and the Children and Youth Policy Project.

Clarke, Terry. *Collaboration to Build Competence: The Urban Superintendent's Perspective.* (1991). Washington, DC: U.S. Dept. of Education, Office of Educational Research and Improvement. (Available from U.S. Government Printing Office, Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328, $4.00, 65 pages)

Community Collaboration: A Manual for Voluntary Sector Organizations Prepared by The National Juvenile Justice Program Collaboration. New York: The National Assembly of National Voluntary Health and Social Welfare Organizations.

Crossing the Boundaries Between Health and Education. (1990). Washington, DC: The National Health/ Education Consortium. (Available from National Commission to Prevent Infant Mortality, Switzer Building, Room 2014, 330 C Street, SW, Washington, DC 20201 (202) 472-1364; and IEL, 1001 Connecticut Avenue NW, Suite 310, Washington, DC 20036 (202) 822-8405, $10.00, 32 pages)

Edelman, Peter B., & Radin, Beryl A. (1991). *Serving Children and Families Effectively: How the Past Can Help Chart the Future.* Washington, DC: Education and Human Services Consortium. (Available from IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036 (202) 822-8405, $3.00, 20 pages)

Gardner, Sid. (1991). Failure By Fragmentation. *Equity and Choice, 6*(2), 4-12.

Golden, Olivia. *Collaboration as a Means, Not an End: Notes Toward a Strategy for Serving Disadvantaged Families and Children.* Cambridge, MA: Harvard University, Kennedy School of Government, Wiener Center for Social Policy.

Himmelman, Arthur T. (1990). *Communities Working Collaboratively for a Change.* Minneapolis: University of Minnesota, The Hubert H. Humphrey Institute of Public Affairs.

Hodgkinson, Harold. (1989). *The Same Client.* Washington, DC: Institute for Educational Leadership/Center for Demographic Policy. (Available from IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036 (202) 822-8405, $12.00, 27 pages)

Kidscount Data Book. (1992). Washington, DC: Center for the Study of Social Policy (with the Annie E. Casey Foundation). (Available from Center for the Study of Social Policy, 1250 Eye Street, Suite 503, Washington, DC 20005, $12.50, 148 pages)

Metrolink: A Study of Eight Different Metropolitan Communities. (1986). Washington, DC: Institute for Educational Leadership. (Available from IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036 (202) 822-8405, $5.00, 53 pages)

The Power of Collaborative Decision Making: A Handbook for Change in the Denver Public Schools. (1992). Denver, CO: Center for Quality Schools. (Available from The Center for Quality Schools, 511 16th Street, Suite 700, Denver, CO 80202 (303) 466-8876, 38 pages)

Video resource:

Discovering the Future: The Business of Paradigms. (1989). Burnsville, MN: Charthouse Learning Corporation and Infinity Limited. (Available from Charthouse Learning Corporation, 221 River Ridge Circle, Burnsville, MN 55337, 38 minutes)

II. Education/Human Services Delivery System: Policy and Services

Agranoff, Robert J. (1986). *Intergovernmental Management: Human Services Problem-Solving in Six Metropolitan Areas.* Albany, NY: State University of New York Press. (Available from State University of New York Press, State University Plaza, Albany, NY 12246, 197 pages)

Analysis of Models of Collaboration Between Schools and the Greater Community. (1990). Youth Law Center.

Bruner, Charles. (1991). *Frontline Family Workers: The Role of the Family Development Specialist.* Center for Policy Assessment and Development.

Chynoweth, Judith K., & Dyer, Barbara R. (1991). *Strengthening Families: A Guide for State Policymaking.* Washington, DC: Council of Governor's Policy Advisors. (Available from Council of Governor's Policy Advisors, 400 N. Capital Street, NW, Washington, DC 20001 (202) 624-5386, $16.95, 98 pages)

Clifford, Richard M. (1991). *State Financing of Services under P.L. 99-457, Part H.* Chapel Hill: University of North Carolina, Carolina Institute for Child and Family Policy.

Creating Sound Minds and Bodies: Health and Education Working Together. (1992). Washington, DC: Policy Studies Associates and the National Health Education Consortium. (Available from National Commission to Prevent Infant Mortality, Switzer Building, Room 2014, 330 C Street SW, Washington, DC 20201 (202) 472-1364; and IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036 (202) 822-8405, 48 pages)

The Family-School Partnership: A Critical Component of School Reform, Background Briefing Report. (1992). Washington, DC: The Family Impact Seminar and the AAMFT Research and Education Foundation.

From Rhetoric To Action: State Progress in Restructuring the Education System. (1991). Washington, DC: National Governor's Association.

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Kyle, John .(Ed.). (1987). *Children, Families and Cities: Programs that Work at the Local Level.* Washington, DC: National League of Cities. (Available from Publication Sales, National League of Cities, 1301 Pennsylvania Avenue, NW, Washington, DC 20004 (202) 626-3000, $15.00, 201 pages)

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Osborne, David. (1992, March 1). Government that Means Business. *The New York Times Magazine*, 20-28.

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Robison, Susan D. (1990). *Putting the Pieces Together: Survey of State Systems for Children in Crisis.* Denver, CO: National Conference of State Legislatures. (Available from the National Conference of State Legislatures, 1560 Broadway, Suite 700, Denver, CO 80202 (303) 830-2200, $10.00, 24 pages)

School-linked Services [Special issue]. (1992). *The Future of Children, 2*(1). Washington, DC: Center for the Future of Children/The David and Lucile Packard Foundation.

School-Linked Services—So That Schools Can Educate and Children Can Learn. (1990). *Insights on Educational Policy and Practice, 20.* Austin, TX: Southwest Educational Development Laboratory. (Available from SEDL, 211 East Seventh Street, Austin, TX 78701 (512) 476-6861)

Schorr, Lisbeth B. (1990). *Attributes of Effective Services for Young Children: A Brief Survey of Current Knowledge and Its Implications for Program and Policy Development.* Washington, DC: National Forum on the Future of Children and Families. (Available from 2101 Constitution Avenue, NW, Washington, DC 20418 (202) 334-1935, 21 pages)

Schorr, Lisbeth B. (1988). *Within Our Reach: Breaking the Cycle of Disadvantage.* New York: Anchor Press.

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Svara, James. (1991). *A Survey of America's City Councils: Continuity and Change.* Washington, DC: National League of Cities. (Available from National League of Cities, Washington, DC 20004, $30.00, 96 pages)

U.S. Department of Education. (1991). *Preparing Young Children for Success: Guideposts for Achieving our First National Goal.* Washington, DC: U.S. Government Printing Office.

World Class Futures: Trends in the Well-Being of Iowa Children. (1991). Des Moines: Iowa Kids Count. (Available from Child and Family Policy Center, 100 Court Avenue, Suite 312, Des Moines, IA 50309 (515) 243-2000)

Youth Services: Building a Better Delivery System, Discussion with Maureen DiMarco, Michael Kirst, and Wendy Lazarus. *Thrust for Educational Leadership, 21*(4), 8-15.

III. Leadership: Collaborative Qualities & Skills

Bamberger, Richard. (Ed.). (1991). *Developing Leaders for Restructuring Schools: New Habits of Mind and Heart.* Washington, DC: National LEADership Network, Institute for Educational Leadership. (Available from IEL, 1001 Connecticut Avenue NW, Washington, DC 20036 (202) 822-8405, 65 pages)

Belasco, James A. (1990). *Teaching the Elephant to Dance.* New York: Crown.

Bryson, John M. (1988). *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement.* San Francisco: Jossey-Bass.

Casse, Pierre, & Deol, Surinder. (1985). *Managing Intercultural Negotiations: Guidelines for Trainers and Negotiators.* Washington, DC: Society for Intercultural Educational Training Research.

Cohen, Herb. (1980). *You Can Negotiate Anything.* New York: Bantam. ($4.95, 255 pages)

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Hale, Sandra, & Williams, Mary (Eds.). (1989). *Managing Change: A Guide to Producing Innovation From Within (Minnesota's Award-Winning STEP Approach).* Washington, DC: The Urban Institute Press. (Available from University Press of America, 4720 Boston Way, Lanham, MD 20706, 181 pages)

Huelsberg, Nancy A., & Lincoln, William F. (Eds.). (1985). *Successful Negotiating in Local Government.* Washington, DC: International City Management Association. (Available from ICMA, 1120 G Street, NW, Washington, DC 20005, 211 pages)

Lax, David A., & Sebenius, James K. (1986). Negotiating in Networks: Indirect Management. In D. A. Lax, & J. K. Sebenius (Eds.), *The Manager as Negotiator: Bargaining for Cooperation and Competitive Gain.* New York: The Free Press.

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London, Manuel. (1988). *Change Agents: New Roles and Innovation Strategies for Human Resource Professionals.* San Francisco: Jossey-Bass.

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Scott, Cynthia, & Jaffe, Dennis T. (1989). *Managing Organizational Change: A Practical Guide for Managers.* Los Altos, CA: Crisp Publications. (Available from Reid Publishing, P.O. Box 7267, Oakville, Canada L6J 6L6, 72 pages)

IV. Integrated Service Delivery Technology and Process of Building Collaboratives

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APPENDICES

A -- Interprofessional Education and Support

B -- Sample Needs Assessment Surveys

C -- Sample Staff Oath of Confidentiality

D -- Sample Release Forms

E -- State Legislation

APPENDIX A
Interprofessional Education and Support

An important source of support for collaborative is universities. Most existing professionals were "educated in a system that promotes competition, rather than the principles of sharing and consensus building that collaboration requires" (Melaville & Blank, 1991, p. 28). In addition, the practitioners in human services rarely come into contact with one another to develop collegial relationships; they are trained in different parts of the university and develop their own professional networks (Cohen, 1989a). DeBoer & Hayes (1982) suggest that university and college departments that educate counselors and teachers should collaborate to help train and create "new professionals in the human service society who have a wide range of teaching, counseling, and administrative skills" (p. 79). The name for this professional, they suggest, would be the "**human service educator**." Such a professional would be ideally suited for a role in a family service center or other service collaborative. A few programs currently exist which offer "interprofessional education" to service providers in an effort to prepare them for a collaborative system:

COMMISSION ON INTERPROFESSIONAL EDUCATION AND PRACTICE

Ohio State University houses the Commission on Interprofessional Education and Practice which "brings together eight human service professions—allied health, education, law, nursing, medicine, psychology, social work, and theology—to address complex ethical, clinical, and policy-related issues." It is sponsored by the academic departments of these various disciplines as well as state-level professional organizations. The Commission has designed a number of interprofessional graduate courses which are team-taught by faculty from the different disciplines. Courses include "Ethical Issues Common to the Helping Professions" and "Interprofessional Approaches to the Care of Chemically Dependent Families." Interprofessional research activities of the commission have focused on issues such as child abuse and mediation. Summer institutes on specific issues such as AIDS or unemployment are offered through the Commission as well as conferences for practicing professionals. The Commission also sponsors public-policy panels, which are engaged in ongoing, interprofessional analyses of policy issues related to human services.

Contact: Michael Casto
Commission on Interprofessional Education and Practice
Ohio State University
1478 Pennsylvania Avenue
Columbus, OH 43201-2638
(614) 292-5621

(Sources: M. Casto, personal communication, April 27, 1992; *Interprofessional Approaches*, 1991.)

CENTER FOR COLLABORATION FOR CHILDREN

The School of Human Development and Community Service at California State University in Fullerton operates the Center for Collaboration for Children, which was founded in 1991. Recognizing the need for a collaborative service delivery system staffed by well-educated service practitioners, the Center has five goals:

1. to work across disciplines to strengthen the ability of professionals to help children and families;
2. to develop models of multicultural collaboration . . . that promote rather than divide groups across racial and ethnic boundaries;
3. to revise university course curricula, fieldwork placements, and in-service education in support of these goals;
4. to facilitate interagency collaboration . . . through workshops, planning, grant development, and technical assistance;
5. to conduct ongoing policy research and data collection that enhances the goals of the Center.

Faculty from a variety of disciplines work together to achieve these goals, and the Center is advised by a committee of community leaders and agency executives.

Contact: Sid Gardner, Director
Center for Collaboration for Children
School of Human Development and Community Service
California State University—Fullerton
Fullerton, CA 92634
(714) 773-2166

(Source: *Center for Collaboration*, 1991)

NATIONAL CONSORTIUM ON INTERPROFESSIONAL EDUCATION AND PRACTICE

The National Consortium on Interprofessional Education and Practice, centered in Madison, Wisconsin, helps national education and social service professional organizations identify strategies for interprofessional collaboration. The Consortium sponsors national symposia on addressing issues through interprofessional practice, helps plan and implement interprofessional education for students and practitioners, conducts research and studies policies related to interprofessional action, and serves as a clearinghouse for information about models of interprofessional education and practice.

Contact: Judith P. Lyons, Executive Director
National Consortium on Interprofessional Education and Practice
4418 Vale Circle
Madison, WI 53711
(608) 233-5535

(Source: *National Consortium*, 1992)

APPENDIX B
Sample Needs Assessment Surveys

Sample Survey for Parents

Dear Parent:

The (name of school district) is currently involved in a partnership program with community agencies. There is a possibility that some social service agencies may be providing services to students and their families right at (name of school). This would cut down on the transportation problems and travel time that are often a barrier to our residents who must travel all over our community in order to receive help.

We would first like to know how many people woulduse these services and what services they would desire. For this reason, we are asking your cooperation in answering the following questions and then *returning this questionnaire to the (name of school) office by (date).*

1. Which of the following social services would you like to see offered on a regular or periodic basis at (name of school)? (Please circle.)

   a. Family counseling
   b. Individual counseling for my child
   c. Individual counseling for myself/my spouse
   d. Alcohol counseling
   e. Drug abuse counseling
   f. Welfare information
   g. Family planning services (e.g., counseling, prenatal care)
   h. Division of Youth & Family Services consultations
   i. Crisis intervention
   j. Suicide intervention
   k. Information on AIDS of other sexually transmitted diseases
   l. Child Study Team consultation about my child
   m. Hispanic social service consultation
   n. Social Security information
   o. Women's concerns (e.g., battered women, women's shelter)
   p. Services for physically handicapped persons
   q. Early intervention programs for infants and toddlers
   r. Before-/After-school child care programs
   s. Parenting skills workshops
   t. Adult/Literacy education

2. Please list other services that you would like to see offered.

3. I would/would not participate in a meeting or session with agencies about the services listed above. If not, why?

   a) Not interested
   b) Not needed
   c) Could not afford
   d) Do not have transportation
   e) Other

4. These sessions/services should be offered during

   a) the day
   b) the evening
   c) either/both

5. I am interested in the idea, but child care will be a problem for me: Yes No

(Source: Robinson & Mastny, 1989)

Sample Survey for Students

Dear Student:

We need your help to get ideas for a student information fair to be held in our school this spring.

What do you think are the most important needs or concerns of teenagers in our community? There are no right and wrong answers; we just want your opinion.

Here is a suggested list. Please read it over carefully and check those you think are important to teenagers. Add any other ideas you may have on the lines at the end of the questionnaire.

- ❑ Legal rights of teenagers
- ❑ Understanding changes in physical appearance
- ❑ Coping with stress
- ❑ How to get medical and health services
- ❑ Family life information
- ❑ Knowing the consequences of tobacco use
- ❑ Knowing the consequences of drug use
- ❑ Understanding how families can get help with money and family problems
- ❑ How to make friends
- ❑ Teenage pregnancy
- ❑ Knowing the consequences of alcohol use
- ❑ Getting along with my family
- ❑ Getting along in school
- ❑ Getting along with other teenagers
- ❑ Getting along with adults
- ❑ Junk food versus a balanced diet
- ❑ Earning my own money
- ❑ Recreation in our community
- ❑ Getting along with those in authority

Other concerns or needs:

Your age: _____

DO NOT SIGN YOUR NAME

(Source: Robinson & Mastny, 1989)

APPENDIX C

Sample Staff Oath of Confidentiality

I, the undersigned, hereby agree not to divulge any information or records concerning any participant without proper authorization in accordance with state and federal law and interagency agreement(s). I recognize that any discussion of or release of information concerning a participant to any unauthorized person is forbidden and may be grounds for legal and/or disciplinary action.

During the performance of my assigned duties, I will have access to confidential information required for effective family services coordination and delivery. I agree that all discussions, deliberations, records, and information generated or maintained in connection with these activities shall not be disclosed to any unauthorized person.

I recognize that unauthorized release of confidential information will (Cite regulatory provision regarding penalties. Example: "expose me to personal civil liability under the provisions of the Welfare and Institutions Code, Section 5330; and a potential fine under Title 42, Code of Federal Regulations, Part 2)."

Executed this _____ day of _____ , 19___, at _____

SIGNATURE:_____

NAME (Print): _____

TITLE: _____

AGENCY: _____

(Source: *Confidentiality and Collaboration*, 1992)

Note to collaborators regarding this oath and following forms:

> *It is important to remember that each state or community developing an approach for the exchange of information must determine individually the content of a form that will be legally sufficient under applicable laws and regulations.*
> (*Confidentiality and Collaboration*, 1992, p. 35)

APPENDIX D
Sample Release Forms

Sample Parent Authorization Form

I, _____, authorize the release of information between and among
(Parent/Guardian Signature)
the identified Youth Services Team members who will be planning services for

_____Client(s) Name(s)

The purpose of the Authorization Form is to enable agencies identified as members of the Youth Services Team to better serve your child through coordinated service planning and delivery. Representatives of these agencies will meet and share information regarding your child at scheduled planning and review meetings.

The Youth Services Team for your child shall include the following agencies (list participating agencies): _____

_____

To assist in determining the availability of resources, please put a check in the box if your child has a medical card ❑ or private insurance ❑.

The information to be disclosed/exchanged is presence in the program and school and legal and treatment records which include assessment, family history, diagnoses, and treatment recommendations.

This release authorizes a free exchange of information between members in order to give the most complete and thorough services available. It does not authorize release to any other person or agency except those agencies listed above. Unless revoked in writing, this release and exchange shall remain in force for a period of 12 months from the date of authorization.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Authorizing Signature: _____ Witness: _____

Date: _____ Relationship to Child: _____

Juvenile's Signature (12 and over): _____

(Source: *Confidentiality and Collaboration*, 1992)

Sample Parental Consent Form

I, _____, give my consent for _____ to
(parent/legal guardian of student) (name of student)

receive services at the _____ Health Clinic.
(name of school)

I understand the following services will be available at no cost to my family:

1. Health physicals
2. Immunizations
3. Routine Laboratory tests
4. Administration of and prescriptions for routine medications
5. Health education problems
6. Care for sports injuries
7. Care for acute illness and injury
8. Care for common adolescent physical problems (acne, menstrual problems, etc.)
9. Follow-up as requested by family physician
10. Nutrition counseling
11. Social, emotional, and mental health counseling
12. Family counseling
13. Drug and alcohol counseling
14. Social service assistance
15. Pregnancy testing
16. Prenatal check ups
17. Treatment of sexually transmitted diseases
18. Family planning information and abstinence counseling
19. Referral services

My child may receive all of the above services **except those that I have circled**.

I also authorize the release of information from clinic medical records to our family doctor or primary care provider as needed.

Signature of parent/guardian: _____

Date: _____

Signature of student: _____ Birthdate: _____

Date: _____ Grade: _____

If you have questions concerning the clinic, please call _____ .
(phone number)

Sample Release Form

Student Identification:

Name: _____ DOB: _____

Address: _____ S.S.#: _____

_____

Parent: _____ Phone: _____

Address (if different from student): _____

Permission for Service: _____

Permission is hereby given to the staff of the agencies participating in the Integrated Services Project, as listed below, to render services to _____

whose relationship to me is: ❑ Child ❑ Other (specify relationship)

Release of Information:

I, as parent/guardian of the above-named child, hereby consent to the release of information by the participating agencies within the Integrated Services Project for oral presentation only at conference meetings. This information will not be released to other non-participating agencies/persons without my express written consent as the parent/guardian and prior written notification of the school district. I understand and have had explained to me that the sharing of information will enable the participating agencies to provide my child/family with the most efficient and effective services. This release may be withdrawn upon receipt by the school district of the written notification of revocation.

This consent form is valid for a period of time beginning _____

and ending _____.

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

I understand that the following agencies will be participating as needed in the case conference and will be exchanging information concerning my child/family (list participating agencies):

_____

_____

(Source: *Confidentiality and Collaboration*, 1992)

APPENDIX E

State Legislation

1991 Alabama Education Incentive Act (91-323)

Section 12. (a) The legislature finds that there is at present a need in Alabama to coordinate, at the state and local level, the efforts of existing providers of services supporting early childhood development and family involvement in education.

(b) There is hereby established the Alabama Council on Family and Children to be composed of the Governor, who shall be chairperson; the State Superintendent of Education; the Commissioner of the Department of Human Resources; the State Health officer; the Commissioner of the Department of Mental Health and Mental Retardation; the Chairman of the Children's Trust Fund; and the Director of the Department of Youth Services, or their designated representatives, and one additional member from each congressional district to be appointed by the Governor. Said council shall exist for the purpose of coordinating existing services, at the state and local level, supporting early childhood development and family involvement in education and assessing existing programs.

(c) On or before June 30, 1992, the Alabama Council on Family and Children shall submit to the Governor and the legislature a plan which shall include, but not be limited to, recommendations concerning the following:

(1) Federally sponsored "Head Start" programs for children in Alabama qualified thereunder;

(2) State-sponsored "Head Start" type programs for other four-year-old children who do not qualify for federally sponsored Head Start. Such recommendations may include the establishment and implementation of pilot programs in at least ten city or county school systems by the 1993-94 school year; and

(3) The establishment of criteria for recognizing pre-school students in need of readiness skills and the development of summer programs to aid such students.

(d) The Alabama Council on Family and Children shall recommend to the state department of education and the advisory council on teacher-training created by section 16-23-15, Code of Alabama 1975, programs of instruction in professional development for public school instructors, teachers and administrators involved in early childhood development.

1990 Florida Full-Service Schools Act (s. 402.3026)

(1) The State Board of Education and the Department of Health and Rehabilitative Services shall jointly establish full-service schools to serve students from schools that have a student population that has a high risk of needing medical and social services, based on the results of the demographic evaluations. The full-service schools must integrate the services of the Department of Health and Rehabilitative Services that are critical to the continuity-of-care process. The Department of Health and Rehabilitative Services shall provide services to these high-risk students through facilities established within the grounds of the school. The Department of Health and Rehabilitative Services professionals shall carry out their specialized services as an extension of the educational environment. Such services may include, without limitation, nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, and adult education.

(2) The Department of Health and Rehabilitative Services shall designate an executive staff director to coordinate the Full-Service Schools programs and to act as liaison with the Department of Education to coordinate the provision of health and rehabilitative services in educational facilities.

(3) The Full-Service Schools program must be implemented beginning with the 1990-91 school year and must be fully implemented by the 1995-96 school year.

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